

# Membership Application Form

# Royal Tunbridge Wells Monson Swimming Club



Member details	
Full name of member	
Address	
Postcode	
Date of birth	
Male / Female	
Telephone number	
Mobile number	
Email of member (if over 18), or parent/guardian	
Are you a renewing member	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered with the ASA? If yes, what is your registration number (if known)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered disabled? <i>(If yes, please give details)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
IPC Disability Category	
Do you have any medical conditions which you believe we should be aware of?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details	
Are you taking any regular prescribed medication?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has an ASA medical declaration/TUE form been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

  

Primary/Emergency Contact details	
Name of emergency contact	
Relationship of emergency contact to member	
Telephone number	
Mobile number	

  

Secondary Emergency Contact Details	
Name of emergency contact	
Relationship of emergency contact to member	
Telephone number	
Mobile number	

  

Membership category applied for <i>(please tick one only as appropriate)</i>	
<input type="checkbox"/> 1 <sup>st</sup> Swimming/Junior Water Polo <i>(Under 18)</i>	£105.00
<input type="checkbox"/> 2 <sup>nd</sup> Swimming/Junior Water Polo <i>(Under 18)</i>	£100.00
<input type="checkbox"/> Additional family member	£50.00
<input type="checkbox"/> Senior Water Polo <i>(18 &amp; over)</i>	£50.00
<input type="checkbox"/> Senior Water Polo <i>(Under 18)</i>	£55.00
<input type="checkbox"/> Voluntary Helper/Parent	£5.00
<input type="checkbox"/> Swim School	N/a

  

Please tick all disciplines that you pursue	
<input type="checkbox"/> Youth Elite	<input type="checkbox"/> Age Group Elite
<input type="checkbox"/> Age Group	
<input type="checkbox"/> PLATINUM	<input type="checkbox"/> GOLD
<input type="checkbox"/> Monday night only	<input type="checkbox"/> SILVER
<input type="checkbox"/> Monday night & Saturday AM only	<input type="checkbox"/> BRONZE
Swim School	<input type="checkbox"/> Monday
<input type="checkbox"/> Senior Water Polo	<input type="checkbox"/> Friday
<input type="checkbox"/> Junior Water Polo	

## Can you help?

The club always needs and welcomes additional volunteers. In addition to poolside assistance, we would be particularly interested if you can assist in activities such as fund raising, supplier negotiation, marketing/PR and social event organisation. Please tick boxes in any area you can help.

- |  |  |
|--|--|
| <input type="checkbox"/> Fund raising    | <input type="checkbox"/> Poolside assistance       |
| <input type="checkbox"/> Negotiation     | <input type="checkbox"/> Home Gala Assistance      |
| <input type="checkbox"/> Marketing/PR    | <input type="checkbox"/> Social Event Organisation |
| <input type="checkbox"/> Running Raffles | <input type="checkbox"/> Administration            |

Also, all clubs need officials to run galas. If your child regularly swims in galas, would you consider training to be an official? Yes/no

Are swimmer or parents members of Tonbridge School Leisure Centre? Yes/no

## Acknowledgement and Consent

By signing this form:

- I consent to the club passing on my details to the ASA and to the taking of my photograph or video recording on poolside which may be used on the club website or for publicity purposes.
  - If you do not consent to the taking of your photographic image, and its use on the club website please place a tick in the box
  - If you do not consent to the use of your image for publicity and training purposes, please place a tick in the box
- I acknowledge receipt of the rules of Royal Tunbridge Wells Monson Swimming Club and confirm my understanding and acceptance that such rules of Royal Tunbridge Wells Monson Swimming Club.
- I confirm that to the best of my knowledge, I do not need clearance from a medical professional before undertaking any form of physical activity.
- If you would like to receive email notifications and newsletters from the club, please place a tick in the box.

Signed.....Member named above

Signed.....Parent/Guardian  
*(if member is under 18 year of age)*

Name of signing Parent/Guardian.....

Date.....