



**SWIMSCHOOL & CLUB MEMBERSHIP APPLICATION
(ALL SECTIONS)**

Subscription Rates due from 1st APRIL 2019 to 31st MARCH 2020

- **ADULT (18 years and over) £25.00**
- **JUNIOR (under 18 years) £22.00**
- **STUDENT MEMBERSHIP £22.00**
- **STUDENT MEMBERSHIP (Residing outside Kent - £10)**
- ***FAMILY MEMBERSHIP (3 or more Members) £48.00**
- **CLUB HELPER (not participating in any section with no voting rights) – No Fee**
- **CLUB HELPER (not participating in any section with voting rights) - £5.00**

***TERMS OF MEMBERSHIP ARE IN ACCORDANCE WITH THE HYTHE AQUA CONSTITUTION & ARE NON-REFUNDABLE**

Swimmer Information:

Surname:	First Name:	Male/Female:
Date of Birth:	Home Telephone:	Mobile Telephone
Address:	Parent Name and Mobile	Emergency Contact: (Name & Tel No. if parent unavailable).
Postcode:		Relationship:
E-Mail Address: <i>Please complete email address as this is how we communicate with our members</i>		

ARE YOU A MEMBER OF ANOTHER SWIMMING CLUB ? IF YES PLEASE GIVE DETAILS

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***FAMILY MEMBERSHIP (Please state number of adult and junior members giving name and date of birth of each family member)**

PLEASE NOTE ALL JUNIOR MEMBERS MUST COMPLETE A PARENTAL CONSENT FORM (See Reverse).

SIGNED **DATE**

*When signing this form you agree to abide by the Constitution of Hythe Aqua & Clubs Code of Conduct– copy of the Club Constitution & Code of Conduct is available from www.hytheaqua.org.uk

Completed form to be returned to: Hon Secretary, Wingate, Teddars Leas Road, Etchinghill, Kent CT18 8DA

Please Tick the Club activities that you take part in: Teaching | Squads | Water Polo | Synchro | Masters

FOR OFFICE USE

Date	Fee Paid	Accepted Initials	Parental Consent Form Completed	Water Tested	ASA Cat
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All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. If at any time any of the above details change, please contact the membership secretary.

HYPHE AQUA - Please Complete

Your Child in an Emergency

Dear Parent/Guardian

From time to time it may be necessary to seek medical help for your child in the event of an accident or sickness, and if we are unable to contact you we need to have your permission before any medical treatment can be given.

It would, therefore, be helpful if you would complete the details below and return the form to the club: -

Name of Child..... **Date of Birth**

Address and telephone number of parent (home and mobile)

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MEDICAL DETAILS:

Please add below any information which you think might be of help in an emergency, such as allergic to plaster, liable to convulsions, asthmatic etc. If your child has any additional needs or suffers from any condition that the teachers and coaches should be aware of, please include below.

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In the event of an accident or sickness, I agree to the administration of an anaesthetic or any medical treatment, which a Doctor may deem necessary.

Date **Signed**
Please state whether parent or guardian

Address

Telephone Number

Please inform us if you DO NOT give permission for your child to be photographed to appear in the local newspaper or club publications.

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