



BIRTLEY ASC

Membership Application Form



Please complete the information in each section. Please bring the completed form with you on a Wednesday evening or email the completed form to info@birtleyasc.com.

Swimmer Details			
Full Name :	.....		Address 1 :
Date of Birth :	.....		Address 2 :
Gender :	Male : <input type="checkbox"/>	Female : <input type="checkbox"/>	Address 3 :
Medical Conditions :	.....		Address 4 :
Disabilities :	.....		Postcode :
Non-swimmer: <input type="checkbox"/>	Novice Swimmer : <input type="checkbox"/>	Distance Tested to :	Local Authority Lessons Level :
		metres	

Primary Contact Details			
Name :	.....	
Relationship to Swimmer :	Parent <input type="checkbox"/>	Guardian <input type="checkbox"/>	Other <input type="checkbox"/>
Home Tel :	.....		Mobile :
Email Address :	.....	

Emergency Contact Details			
We are now required by Swim England to obtain 2 x Emergency Contact Names and Telephone Numbers. These MUST be different from the Primary Contact Details above.			
Name :	.....		Name :
Contact No :	.....		Contact No :

Photography/Video Permission	
I CONSENT <input type="checkbox"/> / I DO NOT CONSENT <input type="checkbox"/> for Birtley Amateur Swimming Club to collect and publish photographs/images/video of the individual named on this form on the Club Website or Social Media pages. Please note, to protect the identity of swimmers, only fornames are published on the Club Website and Social Media pages.	

Communications from The Club			
From time to time Birtley Amateur Swimming Club will communicate with its members regarding changes, updates or general news relating to the Club and/or its members. Please provide consent to Birtley Amateur Swimming Club, by ticking the appropriate boxes, to communicate using these methods :			
Email : <input type="checkbox"/>	SMS/Text Message : <input type="checkbox"/>	Facebook / Messenger : <input type="checkbox"/>	Other Social Media : <input type="checkbox"/>

Signed / Authorised by			
Name:	.....		Date:
Signature:	Parent: <input type="checkbox"/>	Guardian: <input type="checkbox"/>	Other:

OFFICIAL USE ONLY :	
Applicant invited to attend 'Assessment Night' on :	Date Form Received:

I confirm that I am responsible for the Swimmer named on this form and I am authorised to complete this form on their behalf. By signing this form, I hereby give my consent to Birtley Amateur Swimming Club to store the personal data on this form and share the personal data with the affiliated bodies as outlined in the Clubs Information Security Policy and GDPR Statement. In addition, I give my consent to Birtley Amateur Swimming Club to store additional personal data relating to the management and development of the Swimmer named on this form and to share that information with the affiliated bodies. I understand that I can request access to the personal data stored by Birtley Amateur Swimming Club and I can withdraw my consent at any time. I understand that on leaving the Club, unless otherwise requested, all personal data relating to the Swimmer named on this form will be retained by Birtley Amateur Swimming Club. Personal information of ex-members shall be retained (a) for the purpose of providing references, if requested, for the named Swimmer on this form (b) in the event that the Swimmer re-joins the Club in the future. Please email info@birtleyasc.com if you would like access to the the information stored relating to the swimmer named on this form.