

## Ballymoney Amateur Swimming Club New Member Application 2015/16

The information contained on this form will be used exclusively for official club business.

### Applicant Details:

<b>Surname:</b> .....		<b>Forenames:</b> .....		<b>D.O.B:</b> .....	<b>Age (Sept 15)</b> .....
<b>Address:</b> .....			<b>Email address:</b> .....		
.....			<b>Telephone (Parent/ Guardian)</b> .....		
.....			<b>Mobile (Parent/Guardian)</b> .....		
<b>Post Code</b> .....			<b>School attending (Sept '15)</b> .....		
<b>Details Required:</b>	<b>Swimmer?</b> Yes No	<b>Brother/Sister in BASC?</b> Yes: ..... No	<b>Do you live in Ballymoney Borough?</b> Yes No		
<b>Medical Declaration:</b> I hereby declare relevant information regarding medical conditions and treatments relating to the child and undertake to inform club officials of any other relevant information which is not listed below for reasons of privacy or which becomes apparent in the future. Under certain circumstances you may be required to provide confirmation that the child is fit for sustained strenuous exercise.					
<b>Medical Conditions:</b> Enter Name of child with details of condition or state name if appropriate.....					
<b>Medical Treatment:</b> Enter Name of child and details of medical treatment or state none if appropriate.....					
<b>Medical Consent:</b> I hereby consent to the provision of emergency medical treatment to the above child which is deemed appropriate by a competent person while the child is participating, preparing for or travelling to club training sessions, galas or other official events and is in the custody of club officials other than parents or guardians.					

### Swimming Ability: Please tick as appropriate in advance of swimming assessment by BASC coaches.

Stroke	100 Metre	50 Metre	25 Metre	Width only	Non-swimmer
Breast stroke					
Freestyle (Front crawl)					
Back crawl					

### Parent/Guardian Details:

Name of Designated Parent/Guardian who will become a Club Member (no fee) and is willing to assist with the operation of the swimming club: <b>(A separate volunteer form must be completed and submitted with this application)</b>
<b>PRINT NAME:</b>

**Club Fees:** fees calculated on the basis of a Sept 2015 commencement date and will be inclusive of a reduction for additional family members. Fees determined at AGM on **Tues 26 May 2014 @ 7.15pm.**

N.B. Below are last year's fees and may be subject to change.

<b>1 Child</b>	<b>£ 150</b>	+ £20.00 joining fee	<b>£</b>
<b>2 Children</b>	<b>£ 290</b>	+ £20.00 each joining fee	<b>£</b>
<b>3 Children</b>	<b>£ 410</b>	+ £20.00 each joining fee	<b>£</b>
<b>4 Children</b>	<b>£ 490</b>	+ £20.00 each joining fee	<b>£</b>

**Membership is conditional on completion of the club volunteer form , swimming assessment and payment of fees.(Fees due when child is offered a place).**

### Declaration/Parental Consent:

I HEREBY DECLARE THAT I HAVE AUTHORITY TO ENROL THE CHILD NAMED ABOVE IN BALLYMONEY AMATEUR SWIMMING CLUB AND WILL TAKE ALL REASONABLE STEPS TO ADHERE TO THE RULES, POLICIES AND CODES OF CONDUCT OF THE CLUB AND SWIM ULSTER/IRELAND AND TO ENSURE THAT THE CHILDREN DO LIKEWISE I ALSO GIVE MY PERMISSION FOR THE INFORMATION ON THIS FORM TO BE HELD ON THE CLUB'S DATABASE. IN ADDITION I GIVE MY PERMISSION FOR THE CLUB TO TAKE PHOTOGRAPHS OF MY CHILD/CHILDREN PARTICIPATING IN CLUB ACTIVITIES FOR USE WITHIN THE CLUB, INCLUDING THE TAKING OF PRESS PHOTOGRAPHS ASSOCIATED WITH COMPETITIONS. (In all cases children will be required to be appropriately dressed i.e. wearing T- Shirts). THE RULES APPLYING TO THE VENUE WILL ALSO BE RESPECTED BY BASC.

**Print Name:**.....(Designated Parent/Guardian) .....**Signature:** .....**Date:** .....

### Official use only:

Payment Received ..... Amount: £..... CVF..... Signature.....Date.....