**BRADFORD SWIMMING CLUB Jan-Sept** Year 201\_

**MEMBERSHIP AND ASA APPLICATION FORM**

**FORENAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **SURNAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POSTCODE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AGE AT 31st December** \_\_\_\_\_\_\_\_\_

**CONTACT DETAILS**

**HOME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MOBILE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOU A MEMBER OF ANOTHER SWIMMING CLUB?** YES / NO

**IF ‘YES’ STATE THE NAME OF THE CLUB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ARE YOUR A.S.A FEES PAID THROUGH BRADFORD SC?** YES / NO

**SWIMMER MEMBERSHIP FEES per year** (circle as appropriate)

TONG (THURSDAYS) ONLY £15.00 GENERAL (OTHER SESSIONS) £20

\*25% sibling discount - £11.25 \*25% sibling discount - £15.00

**ASA FEES + AFFILIATION FEES per year** (circle as appropriate)

CAT 1 - £15.05 CAT 2 – £32.60 CAT 3 - £10.45

Category 1 – Any swimmer who does not compete in open competition. Allowed to compete at low level competition

Category 2 – Any swimmer who competes in open competition.

Category 3 – Not in Categories 1 or 2 but have voting rights in the club e.g. parent on committee, coaches, life members, etc.

**TOTAL PAID** £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASH/CHEQUE/BANK TRANSFER

Sort Code 30-96-26 Account Number 41570460 (Use Reference **MEM+Name**)

**DECLARATION**

-As a member of ***Bradford Swimming Club,*** I agree that I/my child will abide by the club rules. (see membership card)

-I agree to abide by the rules of the ***ASA and British Swimming***.

\*Signature (swimmer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature (parent - *if swimmer under 18* *yr)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*compulsory

**Bradford Swimming Club Training Sessions**

|  |  |  |
| --- | --- | --- |
| MONDAY | No Training | No Training |
| TUESDAY | Eccleshill Swimming Pool | 19:00 – 20:30 |
| WEDNESDAY | Shipley Pool | 19:45 – 21:15 |
| THURSDAY | Tong School | 19:00 – 20:00 |
| FRIDAY | Bradford University Pool | 18:45 – 20:0020:00 – 21:30 |

***Tong sessions*** are paid for in blocks of 10. Each block costs £40. Payment is taken prior to the 10-week block.

***All other sessions*** are £4 at the door or £32 per month by standing order. Payments must be made on the day / prior to sessions.

**Standing Order payments**

Sort Code 05-03-18 Account Number 32870829

**OTHER USEFUL INFORMATION**

Bradford Swimming Club is a competitive club. Swimmers are expected to enter competitions when asked, once they have attained gala standard.

If a swimmer has any medical conditions, it is in their own interest to inform the club. Failure to do so cannot be used against Bradford Swimming Club. Any swimmer under medical supervision should notify a member of the poolside staff. ***Please complete the medical questionnaire supplied.***

Club Bags, T-Shirts, Caps, etc. are available. A minimum of club cap and T Shirt are required when competing for the club. Please contact Ruth Rhodes 07847406845 or a member of poolside staff to arrange orders.

**For up-to-date information on Training sessions, Galas, Social events, etc, join us on**

* **FACEBOOK (Bradford Swimming Club)**
* **WEBSITE (www.bradfordswimmingclub.com)**
* **WHATS APP group**

**Medical Information for Bradford Swimming Club Members.**

The following information is required as per guidance from the Amateur Swimming Association for England.

The information provided by you will be **confidential** and only shared with the swimming trainers as considered beneficial to the member (e.g. if special training needs are to be considered), this will be decided by the Bradford Swimming Club Committee.

Swimmers under the age of 16 years – form to be completed by parent or guardian.

Swimmers over the age of 16years – complete the form themselves.

|  |  |
| --- | --- |
| Swimmers Name. |  |

|  |
| --- |
| Address:Postcode. |

|  |  |  |
| --- | --- | --- |
| Telephone |  | D.O.B. |

|  |  |  |
| --- | --- | --- |
| Emergency contact numbers | **1.** |  **2.** |

All the questions below refer to the swimming club member.

|  |
| --- |
| Do you have any medical conditions/illnesses/allergies/disabilities (e.g. Asthma, Epilepsy, Diabetes).If so please give details: |

|  |
| --- |
| If your child may need to be given any emergency treatment/medication with regard to the above medical conditions/illness/allergies/disabilities?Please give details: |

|  |
| --- |
| In the absence of a parent/guardian do we have permission to give/aid with any emergency treatment?YES/NOSignature:Parent or guardian to sign if swimmer under 16 years, swimmer to sign if over 16 years. |

|  |
| --- |
| It would be helpful to know of any special needs that your child may have, such as hearing impairment or learning difficulties. This may enable the coach to deliver training in a more suitable manner to suit the swimmer.(Completion optional).Special Needs: |

**Thank you for your co-operation in giving this information. It will be dealt with in the strictest confidence.**

**Bradford Swimming Club Committee.**