



CLUB MEMBERSHIP FORM

Welcome to Thetford Dolphins Swimming Club. In order to ensure we can provide you with a safe and enjoyable experience please complete the details below and submit to the club's Membership Secretary (contact details at end of form). If the new club member is under 18 years of age, then please provide contact details for the parent/guardian rather than the member.

Name	
Date of Birth	
Gender (<i>Please delete as appropriate</i>)	Male / Female / Prefer Not to Say / Prefer to Self-describe:
Category (<i>For the purpose of competition</i>)	Open / Female
Telephone	
Email Address	
Address	
Name and contact details of Doctors Surgery and Medical Information (<i>Please include any primary and secondary impairments. All disclosures will be kept confidential</i>).	
Allergies	
Medication	
Emergency Contact 1	
Emergency Contact 2 (<i>One of these must be a mobile number and not a landline</i>)	
Ethnicity (<i>i.e. White British / Mixed White & Asian / Black Caribbean etc.</i>)	
Country of international representation	
Additional Information (<i>Please include any information that you believe is relevant to help us provide you with a positive experience. Some examples may include: gender pronouns, reasonable adjustments you require, previous swimming experience or simply a preferred nickname!</i>)	

Is this the only club that the swimmer is a member of?	Yes / No	Other Club:	
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The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the Swim England Photography Policy. The club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to do so.

Photos to be used on club (secure) website	Yes/No
Photos to be used on club social media platform/s	Yes/No
Photos to be included in newspaper articles	Yes/No
Photos taken by professional photographer at events	Yes/No
Filming for training purposes	Yes/No

I confirm that I have read, and agree to abide by the code of conduct and the club policies. I acknowledge receipt of the rules of {insert name of club} and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

Signature(Parent/Guardian if under 18)
Date.....

I (Please complete in Block Capitals).....
hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

Signature (Parent/Guardian if under 18)
Date.....

Club Membership Secretary: Claire Taylor
Email: membership@thetforddolphins.club

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. The Club will use personal data for the purpose of yours/your child's involvement in training, activities or competitions with the club. For further details on how we process your/your child's personal data please see our Privacy Policy. The clubs Privacy Policy is in the membership information section on the club's website.

If at any time any of the above details change, please contact the membership secretary.