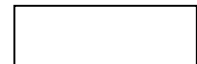




Highworth Phoenix Diving Club



Affiliated to Swim England Wiltshire and Swim England South West

MEMBERSHIP FORM (Junior and Senior)

Welcome: to the Highworth Phoenix Diving Club. Both sides of this form must be completed before you, or your child (if the Diver is aged under 18), can take part in any HPDC activities. This will ensure that:

- a) The Diver has immediate Amateur Swimming Association (ASA) insurance cover.
- b) Teachers and lifeguards are aware of anything, which might affect the Diver during Club sessions.
- c) In the event of an emergency, contact can be made without delay with family members.

Diver's full name: **Date of birth:**

Known name: (if different from first name)

Nationality:

Home address:

Postcode:

Home telephone: **Mobile:**

Email address: (under 18's, parent's only):

Swim England: Is the diver is already a member of another club? (Club Name)

Swim England number (if known) :

General Data Protection Regulations 2018

Please note: Information recorded on this page will be passed to Swim England (Amateur Swimming Association) Registration Department for registration and insurance purposes. To see what personal information is held on an individual member, go to www.swimmingmembers.org. You will need to register on the site using diver's membership details, or ask to see a copy of the ASA Privacy Policy.

Members' personal information will be stored on a secure PC and used by:

- Chief Coach to monitor progress of members; to relay information regarding courses and competitions; to enter members into relevant competitions
- Secretary to enable contact with members/parents for information directly related to the Member's club membership (eg for term dates, pool closures, announcement of AGM, etc)
- Treasurer to monitor membership fee payments

By signing this form you agree to allow the club to store your personal information and use it as indicated above.

Additionally, a Member's email address may be used to distribute other information about club activities (e.g. newsletters, information about fundraising activities, etc). Please tick to allow this usage

Additionally, a Member's mobile number may be used to invite the member to a WhatsApp group to be used to distribute urgent information such as pool closures. Please tick to allow this usage

Information will never be shared with a third party other than that stated above. Information will be deleted from the system within three months of a member leaving the club.

Primary Emergency Contact details:

Name: relationship to Diver:

Address: (if different from above).....

Telephone: (home) (Mobile:)

Secondary Emergency Contact details:

Name:relationship to Diver:

Address: (if different from above).....

Telephone: (home) (Mobile:).....

Medical declaration: Does the Diver suffer from any of the following? (please circle as appropriate).

Grommets: Yes/No (discuss diving with your GP as pressure on ears in deep water may cause problems)

Asthma: Yes/No (please ensure that inhalers are brought along to club sessions)

Hearing impairment: Yes/No

Visual impairment: Yes/No

Does the Diver have any other medical condition about which the Club should know - e.g., allergies or long-term medication being taken, learning difficulties etc.).....

Please note that the Club should be informed if a diver is suffering temporarily from colds, earache, sinusitis, which can cause discomfort and even damage ears in deep water. (Normally caused by blocked Eustachian tubes).

Video & Photography: Photography and video are not permitted during training sessions. In exceptional circumstances (eg DoE awards) this may be possible. Please discuss this with coaches and Registration Officer - you will need to sign the video/photography logbook.

I confirm the Diver named above can swim 25m and is confident in deep water, and I agree that the Diver named above will abide by the **Rules and Code of Conduct of HPDC** (available on request) at all times, and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club and accept the responsibilities of membership upon members as set out in these rules.

Signature: (Diver if over 18, Parent/guardian with parental responsibility for Divers under 18)

(Signature) (Print name).....

Date:

- I would like to help on the committee I have skills the club might find useful
- I would be interested in coaching I would like to help the club with fundraising
- I would like to help in other ways (please discuss with any coach/committee member)