

Welcome to Howe Bridge Aces. Please complete the below details (PLEASE PRINT) and submit to the Membership or Club Secretary. Note if the member is under 18 then contact details should be of the parent/carer not the member.

<b>Swimmer's Name</b>			
<b>Date of Birth</b>		<b>Gender</b> (delete as appropriate.)	<b>Male/Female</b>
<b>Telephone</b>			
<b>Email Address</b>			
<b>Address</b>			
<b>Medical Conditions/Allergies</b> – please include details of any regular medication taken			
<b>Emergency Contact 1</b> Relationship to member			
<b>Emergency Contact 2</b> Relationship (one of these are required to be a mobile and not a landline)			
<b>Ethnicity</b>			
<b>Additional Information</b>			
<b>Is this the only club the swimmer is a member of?</b>	Yes/No	Name of other Clubs	

Howe Bridge Aces may wish to take photographs of individual and groups of swimmers under the age of 18 that may include your child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. Howe Bridge Aces requires active parental consent to take and use all 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 at any time by contacting [team@howebridgeaces.org](mailto:team@howebridgeaces.org)

Photos to be used on club secure website/social media	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

Your privacy is important to us. For more details about how we use your personal data, please read our Privacy Statement attached, and available on the website at [www.howebridgeaces.org](http://www.howebridgeaces.org). We would like to send you additional information that is relevant to you. By ticking the boxes, you consent to receive news and other email communications from us about our services, promotional activities and events:

by post , by email , by telephone , by text message

*We will not pass your details to third parties for any marketing purposes*

You may opt out of receiving these communications at any time by emailing [team@howebridgeaces.org](mailto:team@howebridgeaces.org)

I confirm that I have read and agree to abide by the code of conduct and the club policies. I also acknowledge receipt of the rules of the Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club.

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

I (PLEASE PRINT 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 competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

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