

CHASE SWIMMING CLUB 2008



MEMBERSHIP APPLICATION

Membership Details (please complete all applicable in block capitals)

Name:

Address

..... Postcode

Date of Birth/...../.....

Tel : Home

Mobile

Email

Doctors Surgery

Club Code Of Conduct

Be a good ambassador for the club.
 At all times behave in a decent and respectful manner to other swimmers, parents, teachers and coaches.
 Report anything immediately that may affect your safety or that of others.
 Do not endanger the health and safety of others.
 Safeguard and respect the pool equipment and facilities.
 To give your best at all times, in training and competition.
 Swimmers, Parents, Teachers and Coaches agree to the Code of Conduct as laid down by the ASA.

I agree to abide by the Clubs Code of Conduct.

Signature Parent / Guardian (if under 16)
 Print Name Date/...../.....

ANNUAL MEMEBERSHIP

Single	£40.00	<input type="checkbox"/>
Double	£60.00	<input type="checkbox"/>
Triple	£70.00	<input type="checkbox"/>
Social	£3.00	<input type="checkbox"/>

ASA MEMBERSHIP

Category 1	<input type="checkbox"/>
Category 2	<input type="checkbox"/>
Category 3	<input type="checkbox"/>
See Club Noticeboard For Details	

ETHNICITY (Information required by ASA)

Afro-Caribbean	<input type="checkbox"/>	UK Afro-Caribbean	<input type="checkbox"/>
Asian	<input type="checkbox"/>	UK Asian	<input type="checkbox"/>
European	<input type="checkbox"/>	UK/Irish	<input type="checkbox"/>
Mixed	<input type="checkbox"/>	Other	<input type="checkbox"/>

COUNTRY OF INT. REPRESENTATION

England	<input type="checkbox"/>
Scotland	<input type="checkbox"/>
Wales	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>

**Please return to Chase Swimming Club payment desk
 by no later than Sunday 27th January 2008**

Date Received:	___/___/___	£	:
Receipt No:			
Received By:			
Input By: Date:	___/___/___		

Annual Clubs Membership covers All ASA Registration Fees and Insurance.

It may be necessary for a Coach, Teacher or Club Official to obtain emergency treatment for your son/daughter for which written consent is required. Please complete the form below indicating that you give this consent.

I hereby give permission for a Chase Swimming Club Coach, Teacher or Club Official to obtain emergency medical treatment from a competent medical practitioner, when it would be contrary to my son/daughter's interest in a doctor's opinion, for there to be any delay in seeking my personal consent.

Signature Parent / Guardian (if under 16)

Print Name Date/...../.....

As recommended by Sports Project - a joint initiative between the ASA and the NSPCC

Medical Details

Please state any **relevant** medical conditions or disabilities

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.....

Please give details of any medication being taken.

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.....

Note: If medication is required during sessions, it should be brought onto the poolside with the approval of the coach.

THE BELOW CHARGES START FROM 1st FEBRUARY 2008

MONTHLY FEES X(12) for 2008

PAYABLE BY STANDING ORDER ONLY

Capped Family	£77.00 per Cal. Month
Unlimited	£46.75 per Cal. Month
5 Sessions	£38.50 per Cal. Month
4 Sessions	£33.00 per Cal. Month
3 Sessions (Pre Junior & Int. Squad only)	£27.50 per Cal. Month
2 Sessions (Teaching & Pre Squad only)	£22.00 per Cal. Month
Land Training addition to swimming sessions.	£5.00 per Cal. Month

DAYS ATTENDING

Monday **Tuesday** **Wednesday** **Thursday** **Friday** **Sunday**

PAYMENT OF MONTHLY FEES

The above monthly fees are due every month in full and have been calculated as a twelfth of the annual fee. The fee does not change due to holiday, whether yours, the clubs, sickness or injury etc. Should a swimmer be affected by long-term illness, then a break from fees may be authorised by the Committee. Full details to be submitted in writing. Payments are to be made by **Standing Order** for **All Swimmers** and must be presented to your bank for payment on the 15th of each month. (see club notice board).

Payment by cheque may be approved by the committee in **exceptional** circumstances.

This form is to be accompanied by a Standing Order Form for approval