

MELKSHAM SWORDFISH MEMBERSHIP FORM

Welcome to Melksham Swordfish. Please complete the below details and return to the club desk. Please note that if the member is under 18 then contact details should be of the parent/carer not the member.

Swimmers Full Name			
Gender	M / F	Date of Birth	
Email Address			
Telephone Number (Landline)			
1st Emergency Contact (Name & Mobile)			
2nd Emergency Contact (Name & Mobile)			
Address (including postcode)			
Ethnicity (see below)			
A = White British B = White Irish C = White D = Asian / Indian E = Asian / Pakistani F = Asian/ Bangladeshi G = Asian – other H = Chinese I = Mixed - White & Black Caribbean J = Mixed - White & Asian K = Mixed - other L = Black - Caribbean M = Black - African N = Black – other O = Other ethnic Group			
Medical Conditions – Continue overleaf if necessary			
Allergies			
Detail any regular medication taken			
Is the swimmer registered with the ASA with another club?	Yes/No	Name of other Club	

Immediate Medical or Surgical Treatment

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 medical authorities.

Signature (Parent/Guardian if under 18) Date

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

membershipsecretary@melkshamswordfish.org.uk