

Membership Application Form

Personal Details

Child's Name: (capitals) _____

Address: _____

Date of Birth: ____ / ____ / ____

Parent/Guardian Name: (capitals) _____

Contact Number: (mobile) _____

(Club texts will be sent to this number)

Email address:(capitals)_____

(Club associated emails will be sent to this email address)

Medical Information

This information will be displayed at the back of the Incident Book and will be used in Emergency situations. Always inform the Coach before a session of any relevant illness/injury.

IT IS ESSENTIAL THAT YOU CLEARLY MARK ANY MEDICATION WITH YOUR CHILDS NAME.

Code of Conducts, Rota and Photograph/video permission

I have read, understand and agree to abide by the rules of the **Parent Rota** and agree to perform the duties of the Poolside Parent on Duty when necessary. I also understand that my contact number and/or email address will be given to all parents so I can be contacted if cover is needed.

Signature of Parent/Guardian _____

I have read, understand and agree to abide by the **Code of Conduct for Parents/Guardians**

Signature of Parent/Guardian _____

I have read, understand and agree to abide by the **Code of Conduct for Young People**

Signature of Member _____

I consent to Courtown Swimming Club nominated persons taking photographs or recording images of the child named above for the purposes of coaching and during other club associated activities

Signature of Parent/Guardian _____

Date: ____ / ____ / ____