# Membership Form 2023/24.

Wirral Metro will use your data for the purposes of your involvement in club activities. By submitting this form you are consenting to receive information about the club by email, online, or by phone unless stated otherwise. Following the guidelines from Swim England, clubs are asked to request up to date medical information in case any form of medical assistance is required when attending training sessions, competitions or social events with Wirral Metro SC.

All information given with be treated with respect, confidentiality and only be available to appropriate team members.

* Indicates required question



1.   Name of swimmer. *

_____

2. Date of Birth *

_____

*Example: 7 January 2019*

3. *

*Mark only one oval.*

◯ Male

◯ Female

◯ Open

4. Address *

_____

_____

_____

_____

_____

5. Contact telephone number *

_____

6. Contact Email/s *

_____

_____

_____

_____

7. Emergency Contact 1- Name *

_____

8. Emergency Contact 1-Number *

_____

9. Emergency Contact 2- Name

_____

10. Emergency Contact 2 - Number

_____

11. Is the swimmer a member of any other swimming clubs? *

   _Mark only one oval._

   ( ) Yes

   ( ) No

12. If yes, Please give the club's name and the swimmer's current ASA number. *

_____

Medical/SEN Information

This Information will only be shared with specific individuals in charge of the safety and wellbeing of the swimmers who have undertaken safeguarding training and are aware of the importance of strict confidentiality. Information will be kept password protected.

13. Does your swimmer suffer from Asthma? *

*Mark only one oval.*

⚪ Yes

⚪ No

14. If yes, Do they carry an inhaler? (Please state names of any asthma medications)

_____

15. Does your swimmer have any known allergies? *

_____

16. Does your swimmer carry and Epi/Medi Pen? *

*Mark only one oval.*

⚪ Yes

⚪ No

17. In case of emergency where will their medication be located?

_____

18. Does the swimmer have any illnesses, medical, neurodiverse or SEN needs you'd like us to be aware of?

19. Does your swimmer have a registered disability? *

    *Mark only one oval.*

    ◯ yes

    ◯ No

20. If Yes, please provide any further details including any para swimming classifications.

21. Please list any regular medication taken. (Except for the ones listed above)

22. Parents/guardians have read and agree to abide by the codes of conduct. *

    *Tick all that apply.*

    ☐ I agree

23. Parent/Guardian Code of Conduct declaration. *
Sign and Date.

_____

24. Swimmers have read and agree to abide by the code of conduct. *

*Tick all that apply.*

☐ I agree.

25. Swimmer Code of Conduct declaration. *
Sign and Date.

_____

26. I am aware of the club's welfare officer and how to make contact if necessary. *

*Tick all that apply.*

☐ yes

27. I agree that I am solely responsible for ensuring my child is supervised when not in the water and collected promptly from all sessions.

*Tick all that apply.*

☐ yes

28.    My child is aware that if no-one has arrived to collect them they should return to the pool area and inform a coach or centre staff member to ensure that they are supervised appropriately until a parent/guardian arrives.

*Tick all that apply.*

☐ Yes

29.    My child is of secondary school age and I authorise them to make their own way to and from their session.

*Mark only one oval.*

◯ yes

◯ No

30.    I the parent/guardian of the above named swimmer hereby give permission for Coach/Team Manager to give necessary authority on my behalf for any medical treatment recommended by competent medical authorities, where it would be contrary to the child's interest, in the doctors medical opinion, for a delay to be incurred by seeking my personal consent.
(Sign and date below)

_____

31.    I consent for photographs of my child to be taken and used for; *

*Tick all that apply.*

☐ Club's Website/ Notice boards
☐ Twitter/ Instagram/ Facebook
☐ Newspaper Articles
☐ I do not want my child photographed at all.

32. I consent for videos to be taken for training purposes only. *

*Mark only one oval.*

◯ Yes

◯ No

This content is neither created nor endorsed by Google.

Google Forms