



DINGWALL AMATEUR SWIMMING CLUB MEMBERSHIP PACK

Dear Member,

Welcome to Dingwall Amateur Swimming Club. We are thrilled to have you as part of the team.

This membership form contains important safety information that we would ask you to read carefully.

For completion and return prior to commencement of membership.

Please complete the following forms, **in full**, and return to the Head Coach by the date requested.

- Membership Form
- Photography/Video Consent Form
- Medical Consent form

For your information:

Please refer to the Dingwall ASC website, www.dingwallasc.com, for the following important information which can be found in the Policies and Documents section, under the About Us tab.

Contents include:

- Club Constitution
- Parent and Swimmer Code of Conduct
- Membership Fee Structure
- Acceptable Use of Mobile Phones Policy
- Equal Opportunities Policy
- Disciplinary Procedures

Members Area

Our website above has Members Area where we post Personal Best Times and other information that is relevant to our swimmers' development. The password for this area of the website is: **DASC1975**

Social Media

[Join our Closed Facebook Group - search for Dingwall Amateur Swimming Club](#)

[Follow our Public Facebook Page](#)

[Find us on Twitter or Instagram: @dingwall_asc](#)



PLEASE COMPLETE ALL SECTIONS IN FULL

Section A - Swimmers Details			
First Name		Surname	
Address			
		Post Code	
Home Telephone		Mobile	
Date of Birth			

Section B - Parent/Carer Details 1			
First Name		Surname	
Address			
		Post Code	
Home Telephone		Mobile	
Email Address			

Section B - Parent/Carer Details 2			
First Name		Surname	
Address			
		Post Code	
Home Telephone		Mobile	
Email Address			

Please provide an up-to-date email address to receive important Club information from the Coaching Team or Club Committee.



Section C - Additional Support Needs

Please detail below any disability and/or any additional support

Section D - Medical Information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.) **Please do not leave blank** - if there is no information please write "None"

Section E - Emergency Contact Details

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident/accident.

Emergency Contact 1 Name/Relationship:	
Emergency Contact Number	
Emergency Contact 2 Name/Relationship	
Emergency Contact Number	



Section F - Medical Consent

In the event of a medical emergency at training or competition, do you consent to your son/daughter receiving emergency medical treatment, including anaesthetic, as considered necessary by any medical authorities present?

YES / NO

Section G - Photography/Video Permission

Photographs or videos may be taken of your child/children whilst taking part in galas or during training for analysis. Dingwall Amateur Swimming Club (Dingwall ASC) only uses these photographs/videos for the purpose of promoting the activities of the Club on the Club's website/social media, in our newsletters and in the local papers.

(Please delete as appropriate)

I give my permission / I do not give my permission for photographs to be taken of my son/daughter and being used for publicity purposes.

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: ____/____/____