



Nene Valley Swimming Club  
Membership Personal Details Form



Name: Address:  Postcode:	Date of Birth:  Sex            Male            Female
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Please provide primary and additional contact details

Name: Address:  Postcode:	Home tel No:  Mobile No:  E Mail:
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Additional emergency Contact number

Photography

Name: Address:  Contact No Relationship	Nene Valley SC may wish to take photographs or video of swimmers under the age of 18 that may include your child during their membership of the club. All photos will be taken and published in line with ASA policy. These photographs may be used for training or publicity purposes and therefore require parental/carer consent  Please put an x if you <b>do not</b> consent <input type="checkbox"/>
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All Members - Please provide any relevant information for coaches

Any major illness or disability: (eg Asthma,Diabetic)	Declarable medication:  Allergies:
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*"I acknowledge receipt of the rules and codes of conduct of Nene Valley Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules."*

Signed _____ (Member)	Date _____
Signed _____	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 update on club organiser or contact the membership secretary.

(Parent Guardian if under 18 years old) Sign: \_\_\_\_\_

For NVSC Use Only Membership paid    /    / Standing order completed
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