

**Winchester Water Polo Club Membership Application Form**

**1. MEMBER DETAILS**

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| **Full Name of Member:** |  |
| Date of Birth: |  | Gender: |  |
| Swim England Registration number (if known): |  |
| Country of representation (Required by Swim England): |  |
| Any medical condition? Please add details of any medication taken… |  |
| Any allergies? If yes, do you carry an Epipen..? |  |
| Any disability we should be aware of? |  |
| Address including postcode: |  |
| Telephone (Mobile): |  |
| Email: |  |
| **Emergency Contact Details (two Required by Swim England Rules Please)** |
| Names: |  |
| Relationships to member: |  |
| Telephone numbers: |  |
| Emails: |  |

**2. FEES**

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| **JOINING FEE (One-off payment)** |
| One-off fee of £30 (Bank Transfer – account details below) | £30.00 |
| **MONTHLY TRAINING FEES**  |
| **Juniors (Aged 10-17):** (We hope to set up an adult squad and squads for younger children when we have sufficient demand, pooltime and coaches) | £25.00 |
| **Second claim players**: If your ASA fees are paid by another club, then you are entitled to a £2.50 reduction on monthly fees (i.e. fee is £22.50) |
| **Occasional players**: If you are away for large parts of the year (more than 25%), then a reduction in the monthly fee may be possible – please discuss with the Treasurer (Toby King – tobysking@gmail.com) on a case by case basis. |

All Monthly Fees are payable on the **First day** of each month by Standing Order or Bank Transfer to: Winchester Water Polo Club, **Sort Code 04-06-05, Account Number 16474463**. Please make sure you include your name as the reference.

I give permission for the Club to use photos of the named player on this form for publicity and for use on the website, as well as recording equipment for training purposes. 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.

I acknowledge receipt of the rules of Winchester Water Polo 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. **(Parent MUST sign if player is under 16 years of age.)**

**Signature: …………………………………………………**

**Name (in Capitals): ………………………………………… Date: …………………**

**PLEASE EMAIL COMPLETED FORM TO:**

**tobysking@gmail.com** **or** **jspicer@logistix-software.com** **or** **katy@haygarthross.co.uk**

**V2.0 – October 2021**