**SEDBERGH SWIMMING CLUB**

**MEMBERSHIP FORM 2024-25**

**Personal information and parental consent form for membership**

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| **First name and surname:**  **(A separate form must be completed for each family member)** |  |
| **Date of birth:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email address:** |  |
| **Any medical conditions/medications we need to be aware of?**  Note we are unable to administer medications but they may be brought onto poolside provide they are placed in a safe place and out of reach of children. |  |
| If completing this form for a **child 16 or under**: “***I acknowledge the need for responsible behaviour on my child’s part at all times and acknowledge that children under 8 must be accompanied in the pool by a responsible adult”*** | Please tick 🞎 |
| **Emergency contact name and telephone number:** |  |
| **I have read and agree to Sedbergh Swimming Club’s Policies and Procedures.** | Please tick 🞎 |
| **Signature:** |  |
| **Date:** |  |