

www.hytheaqua.org.uk

SWIMSCHOOL & CLUB MEMBERSHIP APPLICATION (ALL SECTIONS)

Subscription Rates due from 1st JUNE 2021 to 31st MAY 2022

- ADULT (18 years and over) £25.00
- JUNIOR (under 18 years) £22.0
- STUDENT MEMBERSHIP £22.00
- STUDENT MEMBERSHIP (Residing outside Kent £10)
- *FAMILY MEMBERSHIP (3 or more Members) £48.00
- CLUB HELPER (not participating in any section with no voting rights) No Fee
- CLUB HELPER (not participating in any section with voting rights) £5.00

*TERMS OF MEMBERSHIP ARE IN ACCORDANCE WITH THE HYTHE AQUA CONSTITUTION & ARE NON-REFUNDABLE

Swimmer	Informati	on:							
Surname		First	First Name:		Male/F	Male/Female:			
Date of B	irth:	Hom	Home Telephone:		Mobile	Mobile Telephone			
Address:		Pare	Parent Name and Mobile			Emergency Contact: (Name & Tel No. if parent unavailable).			
Postcode:					Relatio	onship:			
E-Mail Address: Please complete email address as this is how we communicate with our members									
ARE YOU A MEMBER OF ANOTHER SWIMMING CLUB? IF YES PLEASE GIVE DETAILS									
*FAMILY MEMBERSHIP (Please state number of adult and junior members giving name and date of birth of each family member)									
PLEASE N	OTE ALL J	UNIOR MEMBERS	MUST COMPL	ETE A PA	ARENTAL CONS	SENT FORM (See	Reverse).		
*When signing Code of Cond	ng this form yo luct is available	ou agree to abide by the e from www.hytheaqua.o ership of the Club. I furt	rg.uk. I confirm m	ythe Aqua a y understan	& Clubs Code of Coding and acceptance	that such rules (as ar	nended from time to		
-	the Club act	eturned to: Hon Secre ivities that you take p	oart in: Swimsc	hool Squ	ads Water Polo	0 /			
Date	Fee Paid	Accepted Initials	Parental Conser Completed	nt Form	Water Tested	ASA Cat			

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 contact the membership secretary.

HYTHE AQUA Please Complete - Your Child in an Emergency

Dear Parent/Guardian

From time to time it may be necessary to seek medical help for your child in the event_of an accident or sickness, and if we are unable to contact you we need to have your permission before any medical treatment can be given.

It would, therefore, be helpful if you would complete the details below and return the form to the club: -

Name of Child		Date of Birth	
Address and telephone number of p	parent (home and mobile	e)	
MEDICAL DETAILS:			
	ild has any additional nee	help in an emergency, such as allergic to plast ds or suffers from any condition that the teach	
In the event of an accident or sickn Doctor may deem necessary.	ess, I agree to the admin	nistration of an anaesthetic or any medical t	reatment, which a
Date	Signed Please state whether p	earent or guardian	
Address			
Telephone Number			

The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the ASA (Swim England) Photography Policy. The club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please inform us if you do not give permission. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to do so.

Payment:

Payment for Club Membership can be made by cash/cheque and handed to your Section Secretary with the completed form or by BACS to the main Club Account: Hythe Aqua, Sort: 40-19-23 Account: 81371746. If paying by BACS please ensure you reference the member's name and complete the form. Please ensure that ALL parts of the membership form are completed.

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