



Barrow Amateur Swimming Club

(Affiliated to the N.C.A.S.A., CUMBRIA A.S.A., R.L.S.S., S.L.N.W.)

Chairman Mr M. Ralph 49 Andreas Avenue Barrow-in-Furness, Cumbria 01229 473464	Secretary Mrs J.Ralph 49 Andreas Avenue, Barrow-in-Furness, Cumbria 01229 473464	Head Coach Mr K Minnican The Hurst, Pennington, Ulverston, Cumbria 01229 584336	Treasurer Mrs J.Ralph 49 Andreas Avenue, Barrow-in-Furness, Cumbria 01229 473464
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NEW Member Contact Details

Title	Forname	Surname

Date of Birth	
Gender	
Address	
Town	
County	
Postcode	
Email Address	
Telephone No	
Mobile No	

Parents Details

	<u>Mother / Guardian</u>	<u>Father / Guardian</u>
Name		
Surname		
Address (If Different from above)		
Telephone No		
Mobile No		

Child Photography Parental Consent

Barrow ASC may wish to take photographs of individual and/or groups of members under the age of 18 that may include your child during their membership of the organisation. All photographs will be taken and

published in line with the ASA Photography Guidance. Barrow ASC requires parental consent to take and use all photographs.

Parents have a right to refuse agreement to their child being photographed.

As the parent or carer of _____ please complete the form below in respect of your child or children. Please note you can withdraw your consent in writing to the welfare officer at any time should you wish to.

I authorise Barrow ASC to Take photographs / video to use on the organisation's website	<input type="checkbox"/>
I authorise Barrow ASC to Take photographs / video to use on the club's social networking sites	<input type="checkbox"/>
I authorise Barrow ASC to Take photographs to include with newspaper articles	<input type="checkbox"/>
Take photographs to use on the organisation's notice boards	<input type="checkbox"/>
Filming for training	<input type="checkbox"/>
Employ a professional photographer (approved by the organisation) who will take photographs in competitions/galas/meets/events	<input type="checkbox"/>

Note: Use of Photographs and video, newspaper articles and social media helps increase the clubs profile and helps when we seek funding.

ASA Code of Ethics

All individuals within the ASA aquatic disciplines will at all times:

- Respect the rights, dignity and worth of every person, be they adult or child, treating everyone equally within the context of the sport.
- Respect the spirit of the sport adhering to the rules and laws in and out of the pool, incorporating the concept of friendship and respect for others.
- Promote the positive aspects of the sport and never condone the use of inappropriate or abusive language, inappropriate relationships, bullying, harassment, discrimination or physical violence.
- Accept responsibility for their own behavior and encourage and guide all ASA members and parents of junior members to accept responsibility for their own behavior and conduct.
- Ensure all concerns of a child safeguarding nature are referred in accordance with Wavepower (ASA Child Safeguarding Policy and Procedures).
- Conduct themselves in a manner that takes all reasonable measures to protect their own safety and the safety of others.
- Promote the reputation of the sport and never behave or encourage or condone others to behave in a manner that is liable to bring the sport into disrepute.
- Adhere to Wavepower the ASA Child Safeguarding Policy and Procedures.
- Adhere to the ASA Anti-Doping Rules.
- Adhere to the ASA Equity Policy.

- Adhere to the ASA Laws and Regulations.
- Adhere to the ASA Codes of Conduct.

I confirm the above information above is correct / up-to-date and accurate, I have read the ASA 'Code of Ethics' or explained to my child the 'Code of Ethics'

Signed	Name	Date	Relationship to Member

Medical Declaration

Following updated guidelines from the A.S.A., all clubs are now asked to request up to date medical information for their swimmers, just in case you require any form of medical assistance when attending a teaching, training session or competition.

All swimmers or if Under 18, a parent or guardian must complete this Medical Declaration from.

All information given on this form will be treated with the utmost respect and will be kept confidential and will only be available to appropriate team staff such as coaches and team managers.

Swimmer's Details

Surname	Forename	DOB	Male/Female
Family GP		Telephone Number	

Do you have any specific medical conditions requiring medical treatment and/or medication?

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Do you suffer from
asthma?

Do you take medication?

if YES, please give details:

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For Minors:

Does your child have
up to date Tetanus
cover?

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Does your child have
any food, drug or other
allergies?

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If Yes, please give details:

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities. Do you consider this child to have impairment?

if YES, Please give details: (eg, Visual impairment / Learning disability / Hearing impairment / Physical disability / Multiple disability / Other (please specify))

**** if you take medication for asthma, (and you are a registered competitor) you are required to complete an ASFGB Medical Declaration Form annually, or sooner if it requires updating, and send it directly to the ASA address as specified on the form.**

For Parents/Carer of Swimmers under 18 years:

It may be essential at some time for the club coach or team manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition with Barrow ASC. Would you therefore please complete the relevant details in this section and sign below to give your consent.

I, _____ being the parent/guardian of _____ hereby give permission for the Coach / Team manager to give immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medial authorities, where it would be necessary.

I (parent if under 18) agree for the information provided above to be made available to coaches and poolside staff of Barrow ASC and will notify the Club of any change.

Signed: _____

(Swimmer or parent/guardian for a swimmer under the age of 18)

Date: ____/____/____

I understand that, in compliance with the Data Protection Act (1998), all efforts will be made to ensure that this information is maintained accurately, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer member of the club. The information will be disclosed only to those members of the club for whom it is appropriate, relevant officers of the Amateur Swimming Association or British Swimming, or medical practitioners in the event of an emergency.

Signed: _____

(Swimmer or parent / guardian for a swimmer under the age of 18)

Date: ____/____/____