

# Ramsbottom Rascals Swimming Club

## MEMBERSHIP APPLICATION FORM

Dear Parent / Guardian

Welcome to the club. Please read the details below and complete the form on the following page and submit to the membership secretary. Note if the member is under 18 then contact details should be of the parent/carer not the member.

The Following Information is to provide new members with payment details for joining Ramsbottom Rascals ASC.

- Swim England (ASA) Fees ( Paid when joining and renewed in January each year )
- Annual club membership. ( Paid when joining and renewed in February each year )
- Monthly fees (Paid Monthly)

### - Swim England (ASA) Fees

Swim England (ASA) fees are an annual payment used mainly for insurance purposes, covering for your child to swim with the club, in competitions and offer additional benefits as described using the link below.

All ASA monies paid to Ramsbottom ASC, are passed directly to the ASA. The fees include a contribution to affiliate with Swim North West and Lancashire County region. There are two relevant categories of fees:

- Category 1 - £16.20 - this allows your child to swim and compete in team competitions
- Category 2 - £34.75 - this allows your child to swim, compete in open meets and aim for county qualifying times.

All members pay Category 1 fee as a minimum (generally this is for Learn to Swim, Development and the Club Groups). If your child is swimming in open meetings (i.e. some Club Group members and all performance group), then the fee to pay is Category 2. No swimmers pay both.

Please pay the relevant ASA category fee for your child into the clubs paypal account **Rammy.gala@outlook.com** (selecting friends and family) and using the payment reference: *ASA – Surname*

Your Swim England fee for 2021 is

£16.20

### - Annual Club Membership

The annual Full club membership for 2020 is £35. This fee covers a range of overheads for the club including the purchase of small equipment, equipment insurance, administration costs, medals and website hosting.

Your Membership fee pro-rated for 2021 is

£

Please pay the fee for your child when joining Ramsbottom into the ASC club bank account (Account No : 47834978 - Sort code : 01 07 26) using the payment reference : *Memb – Surname*.

### - Monthly Fee

Your monthly fee is	£
The first payment is for the month of	

Please pay the monthly fee for your child when joining Ramsbottom ASC into the club bank account (Account No : 47834978 - Sort code : 01 07 26) using the payment reference : *mmfee – Surname*.

ANY MEMBER WHOSE MONTHLY TRAINING FEES ARE IN ARREARS, SHALL FORFEIT ALL RIGHTS OF PARTICIPATION IN TRAINING SESSIONS OR ANY CLUB EVENT UNTIL SAID FEES ARE PAID IN FULL.

## Contact Details

Name			
Date of Birth			
Gender			
Telephone			
Email Address			
Address			
Medical Conditions			
Allergies			
Detail any regular medication taken			
Emergency Contact 1			
Emergency Contact 2 (one of these are required to be a mobile and not a landline)			
Additional Information			
Are you a member of any other swimming club?	Yes/No	Name of other Club	

The club may wish to take photographs of individual and groups of swimmers under the age of 18, that may include your child during their membership of the club. All photographs will be taken and published in line with the ASA Photography Policy. The club 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 please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to.

Photos to be used on club secure website	Yes/No
Photos to be included in newspaper articles	Yes/No
Photos taken by professional photographer at events	Yes/No
Filming for training purposes	Yes/No

I confirm that I have read, and agree to abide by the code of conduct and the club policies.

Signature .....(Parent/Guardian if under 18) Date.....

I (PLEASE PRINT ON BLOCK CAPITALS)..... hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

Signature .....(Parent/Guardian if under 18) 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 contact the membership secretary.