

Dukinfield Marlins A.S.C.

Membership Form

ASA Membership ID (if known)

Membership Category CAT 1 CAT 2 CAT 3

Title

First Name

Middle Name(s) / Initials

Surname

Date of Birth

Home Address & Post Code

Home / Main Telephone Number

Contact E-Mail Address

Gender Male Female

1st Emergency Contact Number

FULL Name & Relationship to Child

2nd Emergency Contact Number

FULL Name & Relationship to Child

Member of another swim club? Yes No

If Yes, club details

Illnesses / Disabilities Yes No

If Yes, Please Give Details
(Section May Also Be Used For Any
Other Information)

Doctor's Name & Surgery

Doctor's Telephone No.

(Whilst not mandatory, failure to disclose any medical conditions may prove detrimental)

DATA PROTECTION AND CONSENT

Please **INITIAL** here if you do **NOT** give your permission for Marlins ASC to take
Marlins ASC to take photos of your child during galas / events for use by the club

CONSENT

I confirm that I am a member of the club(s) listed. I agree to abide by the rules of the ASA and British Swimming. I understand that by submitting this form, I am consenting to receiving information about ASA / British Swimming initiatives from the ASA / British Swimming and their commercial partners by post, email, SMS / MMS, online or phone unless I tell you otherwise.

Offers and opportunities - Please tick any of the relevant boxes below:

No thank you, I don't want British Swimming / the ASA to send me details of products and services.

No thank you, I don't want British Swimming / the ASA to send me details of events.

No thank you, I don't want British Swimming / the ASA to send me details from British Swimming / the ASA's commercial partners.

Hide my details. (This may affect your ability to enter events). If you do not want details of your achievements to be visible on the British Swimming website, tick here.

I understand that by signing this form I am confirming that I have received, read and understand the ASA / British Swimming Data Protection Notice in relation to the collection and use of my information.

Signed (By parent / guardian if member is under 18 years):

The section above must be signed by the parent / guardian of any member under the age of 18 years. As the parent or person in loco-parentis of the swimmer named above, I also agree to release his/her personal and other details for the purposes notified.

Ethnic Definitions:
(Please circle the definition applicable)

- | | | | |
|-------------------------|-----------------|-----------------------------------|------------------|
| A = White British | B = White Irish | C = White | D = Asian Indian |
| E = Asian Pakistani | | F = Asian Bangladeshi | |
| G = Asian Other | H = Chinese | I = Mixed White & Black Carribean | |
| J = Mixed White & Asian | | K = Mixed Other | |
| L = Black Carribean | | M = Black African | |
| N = Black Other | | O = Other Ethnic Group | |

Club Use Only

Club Membership No.

CAT 1 / 2 / 3

Amount Received & Initials

Date of Joining DUKN

Record Card Created / Amended