

WELCOME LETTER



Dear Swimmer and/or Parent/Guardian,

Welcome to Penzance Swimming Association and Water Polo Club! We hope you will have an enjoyable time at our Club, making new friends and enjoy training and competing.

Enclosed with this letter are:

1. **Membership and Consent Form** – please complete all sections of this double sided form fully (except those highlighted red) and return as soon as possible. This particular form will be retained by the Membership Secretary.

Please pay particular attention to the reverse of this form where you are required to read the appropriate Code/s of Conduct (available to view on the Club website www.pzswimclub.co.uk). Each swimmer will be required to sign this form (if the swimmer is aged under 18 the form must be also be signed by a parent or guardian) to acknowledge that they have read the relevant documents and acknowledge the terms and conditions therein.

2. **Emergency Medical Information and Consent Form** – this information in this particular form will accompany your child to any galas and cover the swimmer during any training sessions.

PLEASE NOTE THE FOLLOWING:

1. **SWIM ENGLAND (formerly ASA) Registration Form** – this form is available in two Categories alongside the Welcome Pack on the Club's website:
 - a) **Category 1 and 3** – this form is for new members, those not yet competing, and also for Club volunteers
 - b) **Category 2** – this form is for competitive swimmers, i.e. those who are beginning to enter galas.

Please print off and complete the appropriate form for your swimmer/yourself using **BLACK INK** and return to the Club Desk as soon as possible with the Membership and Consent Form plus the Emergency Medical Information and Consent Form mentioned above. Both the swimmer and a parent/guardian (if the swimmer is under 18) need to sign the form where indicated.

2. **Standing Order Form** - The Club's fees are split into two parts:
 - a) The **Membership Fee** can be paid as a whole in September, or a half in September and the second half in the following March, and covers the ASA registration fee, membership of the Club, and insurance.

- b) The **Term Fee** is paid in advance at the beginning of each term, i.e. September, January and around Easter. However, the Club prefers Term Fees to be paid via monthly standing order. You may collect a Standing Order Mandate form from the Club Desk – this is to be completed and delivered to your Bank, or the details can be used to set up an online payment – **please remember to add the swimmer’s name as a Payment Reference**. Please note that standing order payments are apportioned over the term into four equal monthly payments. For those who do not wish to set up a standing order, payments are accepted by cash or a cheque (made payable to “PZ SA & WPC”) **IN ADVANCE** at the Club Desk. If you have any queries regarding this please feel free to approach the Club Desk.

We would encourage all swimmers and parents/guardians to have a good look at our Club website – www.pzswimclub.co.uk – where you will find details of all our Club policies, a list of Committee Members (including the Club Welfare Officer), a calendar of events, notice board, our fees list, etc. Our notice board at the Pool also offers information. For those who do not have access to the internet, a copy of our Club policies will be available at the Pool.

Useful websites: Cornwall County ASA – www.cornwallasa.org
ASA South West Region – www.swimwest.org
SWIM ENGLAND (formerly ASA) – www.swimming.org

All are mines of information regarding competitions, etc.

We hope that you will have a happy and successful time whilst a member of our Club.

Yours sincerely,
For and on behalf of the Committee,
Penzance Swimming Association and Water Polo Club.

PZ SA & WPC.

PENZANCE SWIMMING ASSOCIATION AND WATER POLO CLUB

Please complete **ALL** sections (except those in red) – including mobile telephone number and emergency contact details. Please then turn over to complete Page 2. Thank you.

Name:					
Address (inc. Post Code):					
Telephone:			Mobile:		
Date of Birth:					M / F:
Parent/Guardian Names:					
Email address:					
Additional Person to Contact in Emergency:					
Relationship:					
Telephone:					
Mobile Number:					
Swim Group/Squad: Improver / Development / Jnr Perf / Club / Snr Perf / Masters					
Water Polo: Yes / No					
Any health problems eg. Asthma/Epilepsy Yes/No					
Please detail overleaf					
Any disabilities:					
Physical Yes / No	Mental Yes / No	Visual Yes/No	Aural Yes/No	Please detail overleaf	
Do you use Ventolin or Sabutomol Yes / No					
Please turn over to complete form					
Club Use Only:		Date Joined Club:		ASA Registered:	
Year:	Membership:		Term Fees:		
	6 months	12 months	Autumn	Spring	Summer
2017/2018					
2018/2019					
2019/2020					

ILLNESS/ALLERGY DETAILS: (if Not Applicable, please write N/A, None, or simply cross through this space).

DISABILITY DETAILS: (if Not Applicable, please write N/A, None, or simply cross through this space).

1. I give consent for my child (or myself, as a swimmer aged over 18) to be in photographs that may be taken by the Club on occasions and used for publicity or training purposes in accordance with the Club's Supplementary Safeguarding Policy and ASA Wavepower (please see www.pzswimclub.co.uk for full details. If I do not give my consent to the above I will contact the Membership Secretary, Jeremy Cole, on pzsa.membership@gmail.com immediately.
2. By being a parent of a Club member (or as a swimmer if over the age of 18) I give my consent for my contact details to be used by Club personnel as the Club may consider appropriate. This may include, but not be limited to, being contacted by the Head Coach, Club Secretary, Membership Secretary or Competition Secretary.
3. I understand it may be necessary at some time for the Teachers, Coaches or Team Management staff accompanying my child to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below I am giving consent for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the Doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
4. I am aware that the Swimming Club is only responsible for my child on the poolside and not while they are in the other areas of the Leisure Centre.
5. Any personal data collected will be used for the purpose of your involvement with PZ SA & WPC, the ASA and British Swimming and held in accordance with the Data Protection Act 1998.
6. I have read the relevant Code/s of Conduct and other Club policies as outlined on the Club website (www.pzswimclub.co.uk) and agree to comply with the terms and conditions set out therein.

Swimmer's Name (Please print)

Swimmer's Signature (if aged over 18)

Parent/Guardian's name (if swimmer aged under 18) (Please print)

Parent/Guardian's signature (if swimmer aged under 18)

Where applicable, please indicate which of the following applies to you within the Club:

Coach / Teacher / Official / Team Manager / Committee Member / Poolside Helper / Volunteer

Date

PENZANCE SWIMMING ASSOCIATION AND WATER POLO CLUB

CLUB MEDICAL INFORMATION AND CONSENT FORM

To be completed by the parent(s) or guardian(s) of all children under 18 and by all swimmers aged 18 & over

Name: Home Tel. No:
Address:
..... Post Code
Date of Birth: Email Address:
Parent's Mobile Tel. No(s):
Parent's Work Tel. No(s):
Family GP: Surgery Address:
..... Surgery Tel. No:

Does your child have any specific medical conditions requiring medical treatment and/or medication? If so, please give details including dosage and frequency of any medication:

Does your child suffer from asthma? (If a National swimmer, are they registered with the ASA as asthmatic?)

Does your child take any medication for asthma: If so, please give details:

Does your child have up-to-date Tetanus cover?

Does your child have any food, drug or other allergies: If so please give details:

Does your child have any disabilities /any of the following: If so, please give details:

Learning Disability :
Physical Disability :
Hearing Disability :
Visual Disability :

Does your child have any specific dietary needs? If so, please give details:

DECLARATIONS

1. To the best of my knowledge and belief the information given above is complete and accurate.
2. I undertake to keep the Club informed of any changes that may arise in relation to the above information.
3. I understand it may be necessary at some time for the Teachers, Coaches or Team Management Staff accompanying my child to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below I am giving consent for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the Doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
4. I am aware of the type of activities likely to be undertaken and consent to my child taking part. I acknowledge that the Club will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child. I understand that the staff have a common law duty to act in the capacity of a reasonable prudent parent.
5. I am aware of the Club's Rules, Disciplinary Policy and Codes of Conduct and acknowledge the need for my child to abide by these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense I accept responsibility to meet any such costs reasonably incurred.
6. Any personal data collected will be used for the purpose of your involvement with PZSA&WPC, the ASA and British Swimming and held in accordance with the Data Protection Act 1998.

Signed by Parent/Guardian Date