

Suffolk Coastal Torpedoes Water Polo Club



Application for Membership and medical details form

Name:		Date of Birth:	
Email:		ASA Number:	
Address:		Postcode:	
Telephone:			
Emergency Contact 1		Telephone:	
Emergency Contact 2		Telephone:	

Membership Type (Tick all that apply) Player Parent Volunteer Committee Coach

Medical Information

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 urgent treatment which may be required, whilst at a competition with Suffolk Coastal Torpedoes Water Polo Club. Would you, therefore, please complete the details on this form and sign at the end to give your consent.

Please tick Yes or No as appropriate and complete further details as necessary.

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.			
Do you consider this member to have an impairment		Yes	No
If yes, what is the nature of their disability? Please tick.	Visual Impairment	Learning disability	Hearing impairment
	Multiple disability	Physical disability	Other (please specify)
Medical Information Please detail below any important medical information that our club need to know such as: allergies, medical conditions eg Asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements or/any injuries.			
Name of member's doctor and surgery			
Doctors telephone number			

I, being the parent/carer of the above named child hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where I would be contrary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signed

(by parent/guardian for members under 18 yrs)

Photography Consent Form (Only to be completed by parents/carers of players under age of 18)

NOTE: This section should be completed after reading the [ASA/SC Torpedoes Water Polo Club Good Practice on Photography Policy](#).

The club may wish to take photographs of individual and groups of players 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 of the player please complete the section below in respect of your child. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to.

	Consent	
	Given	Refused
Take photographs to use on the club's secure website	<input type="checkbox"/>	<input type="checkbox"/>
Take photographs to include with newspaper articles	<input type="checkbox"/>	<input type="checkbox"/>
Take photographs to use on club notice boards	<input type="checkbox"/>	<input type="checkbox"/>
Filming for training purposes only	<input type="checkbox"/>	<input type="checkbox"/>
Employ a professional photographer (approved by the club) who will take photographs in matches/club events	<input type="checkbox"/>	<input type="checkbox"/>

Collection and use of your information

Suffolk Coastal Torpedoes will hold the details provided on this membership form with other information it holds or obtains from or about you and will use this for the following purposes:

- For maintaining records
- To respond to any enquiries you make
- To administer any events in which you participate or may wish to participate and to deal with any incidents involving you
- To create anonymised aggregated information about members and players to enable us to secure funding
- To contact you about water polo events and opportunities available from British Water Polo by email or by phone.

Suffolk Coastal Torpedoes retention policy for membership/medical information is 15 months.

In compliance with the Data Protection Act 1998, all efforts will be made to ensure that the information is accurate, 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 a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.

I acknowledge receipt of the rules of Suffolk Coastal Torpedoes Water Polo Club (EAST Region ASA rules) and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules

Applicant Signature

Dated

Signed

(by parent/guardian for members under 18 yrs)

(Please return in hard copy or email scanned to membership@sc-torpedoes.co.uk)

<http://www.sc-torpedoes.co.uk>