



# Suffolk Coastal Torpedoes Water Polo Club



## Application for Membership and medical details form

Welcome to the club! In order to ensure we can provide you with a safe and enjoyable experience please complete the details below and submit to the club's Membership Secretary (contact details at end of form). If the new club member is under 18 years of age then please provide contact details for the parent/carer rather, than the member).

Name:  Date of Birth:

Email:  SEM Number:

Address:   
  
 Postcode:

Telephone:

	<b>Name and relationship to member</b>		
Emergency Contact 1	<input type="text"/>	Telephone No:	<input type="text"/>
Emergency Contact 2	<input type="text"/>	One number must be a Mobile	<input type="text"/>

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

Gender (please select) Male / Female / Prefer not to say / Prefer to self-describe .....

Ethnicity i.e. (please select) White British / Mixed White & Asian / Black Caribbean or Specify Other .....

**Country of international representation** .....

<b>Medical Information</b> (Please include any primary and secondary disabilities. All disclosures will be kept confidential and only shared when appropriate to do so)	
<b>Medication</b>	
<b>Allergies</b>	
<b>Additional Information</b> (Please include any information that you believe is relevant to help us provide you with a positive experience. Some examples may include gender pronouns, reasonable adjustments you require, previous swimming experience or simply a preferred nickname)	

Is this the only Swim England club that the player is a member of?	YES / NO	Other Club	
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I ..... (BLOCK CAPITALS) being the parent/guardian of the above-named child hereby give consent to the use of this information by the club for the protection and safeguarding of my child's health. I also give permission for the Coach, Team Manager, or other Club Officer to give the immediate necessary authority on my behalf 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.

I understand that the club may still have a lawful need to use this information for such purposes even if I later see to withdraw this consent.

**Signature** ..... **(Parent/guardian if under 18)** **Date:** .....

**Photography Consent Section (Only to be completed by parents/guardians for members under the age of 18)**

The club may wish to take photographs or film individual and groups of members under the age of 18 that may include your child during their membership. All photographs and filming and all use of images will be in accordance with the Swim England Photography and Filming Guidance and the clubs Privacy Policy. The club requires consent to take and use all photographs. Parents/Guardians have a right to refuse agreement to their child being photographed. As the parent/guardian please indicate your permission below. Please note you can withdraw your consent at any time should you wish to do so. This must be done in writing to the club Welfare Officer.

As parent/guardian of ..... I am happy for: (confirm yes / no below)  
Consent

	Yes	No
My child's photograph to be used on the club (secure website)	<input type="checkbox"/>	<input type="checkbox"/>
My child's photograph to be used on the club social media platform/s	<input type="checkbox"/>	<input type="checkbox"/>
Photographs to include with newspaper articles	<input type="checkbox"/>	<input type="checkbox"/>
Photos taken by professional photographer at events	<input type="checkbox"/>	<input type="checkbox"/>
Filming for training purposes only	<input type="checkbox"/>	<input type="checkbox"/>

***I confirm that I have read, and agree to abide by the code of conduct and the club policies. I acknowledge receipt of the rules of Suffolk Coastal Torpedoes Water Polo Club 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.***

**Signature** ..... **(Parent/guardian if under 18)** **Date:** .....

**Collection and use of your information**

Suffolk Coastal Torpedoes Water Polo Club will use your personal data for the purpose of your child's involvement in training, activities, or competitions with the club. For further details of how we process your personal data or your child's personal data please see our Privacy Policy. The clubs Privacy Policy can be found at

(Please return in hard copy or email scanned to [membership@sc-torpedoes.co.uk](mailto:membership@sc-torpedoes.co.uk))  
<http://www.sc-torpedoes.co.uk>