

PENARTH SWIMMING AND WATER POLO CLUB

Affiliated to Swim Wales - Nofio Cymru

MEMBERSHIP APPLICATION FORM



First name		M or F	Date of Birth	
Surname			Start Date	
Address:				
				Postcode:
Mobile Tel:		Home Tel:		
Email:				

PARENTAL AGREEMENT

NAME OF CHILD:.....

- 1 I confirm that my child is eligible to join the club and old enough to listen to the teachers and follow instructions.
- 2 I confirm that:
 - a) My child has no continuing illness or medical conditions.
 - b) my child has the following continuing illness, disability or medical conditions
.....
- 3 I agree to notify the club officials, teachers or coaches of any changes in the circumstances of part 2.
- 4 I confirm that my child does not belong to any other swimming club.
- 5 In making this application it is agreed that my child shall be bound by the club rules and observe all safety guidelines.
- 6 It is understood that the Penarth Swimming and Water Polo Club does not accept any responsibility for any loss or damage, however occasioned, whether or not as a result of any alleged negligence of members of the club.
- 7 I understand that a swimming club teacher or helper may enter the water to assist my child/children in learning to swim.
- 8 I understand that the annual fee is to be paid in full by the end of January each year.
- 9 I understand that a portion of the annual fee must be paid to WASA for registration and insurance.
- 10 I give permission for details of my child to be held on the PSWPC database for their sole use, except for the details to be forwarded to WASA for the purposes of registration and insurance.
- 11 I agree to receiving emails form the Club (you can stop this at any time by contacting the Club Secretary)
- 12 Our Privacy Policy is available to view or download online at <https://www.penarthswpc.org.uk>

SIGNATURE OF PARENT / GUARDIAN:

DATE: