



MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN BLOCK CAPITALS &
RETURN FORM WITH YOUR SUBSCRIPTION

Welcome to Lordsfield Swimming Club 2020 Season.

*Every Child or Adult that enters the premises must be a member.
Please list all the members in your family below who will be entering the club pool and/or poolside.*

	<u>FIRST NAME</u>	<u>DoB if under 16</u>	<u>Season Type</u>	<u>SURNAME</u>
Name				
Name				
Child				
Child				
Child				
ADDRESS				
			Post Code	
Telephone			Mobile No.	
Email Address				
Name: Emergency Contact 1			Mobile No.	
Name: Emergency Contact 2			Mobile No.	
<i>If you do not live in Overton, Laverstoke or Freefolk, please provide details of the school/nursery your child attends:</i>				

CLUB PRIVACY STATEMENT & COMMUNICATION PREFERENCES

Lordsfield Swimming Club take the protection of the data that we hold about you as a member seriously and will do everything possible to ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current and future UK data protection legislation.

Please read the full privacy notice carefully to see how LSC will treat the personal information that you provide to us. We will take reasonable care to keep your information secure and to prevent any unauthorised access.

Personal data will be held for as long as the individual is a member plus 6 years

In addition to email I am happy to receive communications via Text

MEMBERS AGREEMENT

By returning this completed form. I confirm that I have read an understood the privacy statement and how data will be used and shared and am willing to abide by the club code of conduct

Signature	
Print Name	



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<p>Physical / Mental Health Conditions.</p> <p><i>Please detail any important medical information that our volunteers should be aware of (e.g. epilepsy, asthma, diabetes, allergies, etc.)</i></p>	<p>Y / N</p>	<p style="text-align: center;"><i><u>If you have answered Yes, please provide further details below</u></i></p> <p>Name: _____</p> <p>Details: _____</p>
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Please note: This consent needs to be provided by the parent for children under the age of 13. anyone over the age of 13 can provide consent for the use of data under GDPR

Photography: Lordsfield Swimming Club has a policy with regards to the taking of photographs that abides by official ASA guidelines. A copy of the safeguarding policy is available on request. Only the Club's official photographer and Trustee, Janice Stott is permitted to take photographs; she will be at the pool at different times taking photos of various swimming activities. Please complete the sections below as appropriate with regard to permission for the taking and using of photos. *Janice will be happy to email you a copy of the photographs in return for a small donation to the club.*

I am happy for my child/children to be photographed and to be used in Club publicity material (printed & online)

YESNO

Please indicate below if you do NOT want your child/children photographed:

Names of Children / Adults NOT to be photographed

Parental Confirmation

Contact details remain private to Lordsfield Swimming Club and are for emergency use only.

We will use this to provide updates on LSC and will not pass them to third parties.

Please sign to confirm the medical condition and photography sections are correct

Signature _____ Date _____
Parent or Guardian ONLY

We look forward to welcoming you and your family to Lordsfield Swimming Club.
To find out all the latest club information, please visit our website www.overtosswim.org.uk

ADMIN

Name of Desk Admin Completing Form: _____

(Desk - The following must be completed before the form is sent on to the committee)

DESK - Membership cards issued:	Yes / No	DESK - Photography detail added to book if applicable:	Yes / No N/A
DESK - Index card completed:	Yes / No	DESK - Medical conditions added to book:	Yes / No N/A

Please put Completed pages (ONE & TWO (1-2)) in the Office Shed Safe



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<u>MEMBERSHIP FEES</u>		<u>Season Type</u>
Name		
Name		
Child		
Child		
Child		

Membership Type	Annual Cost	Number Required	Total Cost
MEMBERSHIP	<i>(one off cost everyone)</i> £2.50		
Season ADULTS	£27.50		
Season 8-16 YEARS	£27.50		
Season U8	£17.50		
<i>Please circle payment type:</i>		Voluntary additional contribution	
Cash	Credit card	Cheque	TOTAL

(Payment plan available on request, details at admission desk)

GIFT AID

Make your membership worth more at no extra cost. Please Print Name & Address of Person donating Gift Aid.

I am happy for all membership fees and gift donations I have made to the Lordsfield Swimming Club in the past 4 years and all future gifts of money I make to be Gift Aid Donations.

(You must pay an amount of income tax and/or capital gains tax in each tax year at least equal to the tax that we will claim from HM Revenue & customs on your gift aid donation(s). Lordsfield Swimming Club will reclaim 25p of tax on every £1 that I give on or after 6 April 2014) I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donation in that tax year it is my responsibility to pay any difference. Please notify the charity if you: •want to cancel this declaration •change your name or home address •no longer pay sufficient tax on your income and/or capital gains If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

Signed _____

Please return sheet THREE (3) & all monies to Nicola Williams / Anne Hogan