

Part 1 – Applicant Details	
Surname :	Forename :
Title:	ASA Registration No (if known):
Date of Birth :	Gender :
Email Address:	
Emergency Contact Details	
1. Name:	Telephone:
2. Name:	Telephone:
Address:	
Post Code :	

Part 2 – Family Membership (if not applicable – strike through)	
List all people who are members of your family (a separate application and health questionnaire to be completed for each member):	
Name:	ASA No.
Name:	ASA No.
Name:	ASA No.
Name:	ASA No.

Part 3 – Club Squad or Role (tick as appropriate)									
A	B	C	D	Masters	Official	Lifeguard	Swim Coach	Committee Member	Parent / Guardian

Part 4 – Annual Fees						
I enclose my cheque made payable to 'Carlisle Aquatics' or cash for (insert total amount) which comprises of <b>TWO AMOUNTS</b> : Club Fees and ASA Registration Fee (please tick which apply below)						£
CLUB FEES			+ PLUS +	ASA Registration Fee (National)		
Individual Membership (£25.00)	Family Membership (£60.00)	Single Adult Non-Swimming Member (£16.00)		Category 1 (non-competitive) (£14.90)	Category 2 (Competitive) (£31.50)	Category 3 (Official) (£11.00)
For details of standing order details for Monthly Squad Training Fees please see page 3						

**Part 5 - Administration****A. Data Protection Act**

The Amateur Swimming Association (ASA) is a registered user with the Information Commissioner's Office. The information you provide in this form, and any other information obtained or provided during the course of your membership ("the information") will be used solely for the purposes of processing your application and dealing with you as a member (this will include correspondence from the club via email).

'The Applicant and the Parent or Guardian, in the case of a person under the age of 18 years, on signing this application hereby gives their consent that they agree to the above by providing their data for electronic submission to the ASA.

**B. Club Rules and Policy**

'The Applicant' and the Parent or Guardian, in the case of a person under the age of 18 years, hereby acknowledges that they have read the Carlisle Aquatics Club Rules, a copy of which is available on [www.carlisleaquatics.co.uk](http://www.carlisleaquatics.co.uk) website or from the membership secretary.

I further acknowledge and accept the responsibilities of membership upon members as set out in these rules and understand that it is my/our duty to read and abide by them (including future amendments)

In the case of a person under the age of 12 years the Parent or Guardian undertakes to explain the content and implications of the Rules of 'The Club.

**C. Photography of Persons under 18 years**

Carlisle Aquatics may wish to take photographs, (individual and in groups) of swimmers under the age of 18 and this may include your child during their membership of the club. Photographs will only be taken and published in accordance with [ASA Photography Guidelines](#) and the [ASA Guidelines on Social Media](#).

Please tick below if you **DO NOT** wish your child's name/image to be used in the various methods listed.

Use on club boards or electronic displays	Use with Club press articles	Video for training purposes	ASA competitions involving contracted photographer

You have the right to refuse agreement to your child being photographed and if you wish to exercise this right then please tick the appropriate section(s) above.

Alternatively, I understand that by signing this section that I give my consent for the taking and use of photographs as set out above and that I may withdraw such consent in writing to the club Welfare Officer at any time should I wish to.

Signed :

Name (PRINT) :

Relationship (specify) :

Date :        /        /

**D. Consent**

I have read and understood the Code of Conduct and Anti-Bullying Policy (found on the website & notice board) and understand that by providing my signature that I agree to be bound by the Code of Conduct, Anti-Bullying Policy and that the information contained on my Medical Declaration Form is accurate.

Health Questionnaire Attached/Date	YES/NO
Standing Order details explained/understood	YES/NO
Signature (Applicant) :	Date :
Signature (Parent / Guardian) :	Date :

**Part 6 – CLUB USE ONLY – This section must be completed by desk/membership secretary**

Date Application Received	Date Health Questionnaire Received	Cash/Cheque Received	ASA Form Completed	Standing order mandate given/explained
		£	CAT -	
Date entered on ASA OSM – Date entered CA spreadsheet -		Date Health questionnaire given to coach – ASA NOS -		

## F. Monthly Squad Training Fees

Please find below the monthly fees that need to be paid by standing order to Carlisle Aquatics (Bank Details Below)

Sort Code: 60-04-30

Account #: 11080418

A - Squad	£60.00
B - Squad	£47.00
C - Squad	£40.00
D - Squad	£35.00
E - Learners	£25.00
Masters	£24.00