



HARLOW PENGUINS SWIMMING CLUB MEMBERSHIP FORM

Please complete the members details below and return to the Membership Secretary at the following email address membership@harlowpenguins.com or return to the Penguins Desk. (If the member is under 18 years of age then **Emergency Contact details should be for the parent/carer not the member**)

Membership Category

Category 1 Category 2 Category 3

Surname/Family		First Name		Known as	
Date of Birth		Gender	Male/Female		
Primary Contact Name			Primary Contact Telephone		
Email Address					
Address					
Address Continued					
How did you hear about us?	Friend <input type="checkbox"/>	Internet <input type="checkbox"/>	School <input type="checkbox"/>	Other <input type="checkbox"/>	
Medical Conditions					
Detail any regular medication taken					
Allergies					
Disability Details - please provide information					
Emergency Contact 1	Name		Number		
Emergency Contact 2	Name		Number		
Ethnicity i.e. White British / Mixed White & Asian / Black Caribbean (Optional)					
Country of international representation	England <input type="checkbox"/> Scotland <input type="checkbox"/> Wales <input type="checkbox"/> Other (Please Specify)				
Disciplines (Indicate All)	Swimming <input type="checkbox"/> Masters Swimming <input type="checkbox"/>				
Additional Information					
Is this the only club that the swimmer is a member of?	Yes/No	Name of other Club			
Is Harlow Penguins your Ranked Club?	Yes/No				
Consent to store information	Yes/No				

The club may wish to take photographs of individuals and groups of swimmers under the age of 18 which may include your child. All photographs will be taken and published in line with the Swim England Photography Policy. The club requires parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed. As the parent or carer please indicate your permission below. Please note you can withdraw your consent in writing to the club Welfare Officer welfare@harlowpenguins.com at any time should you wish to do so.

Consent Image Use on club (secure) website	Yes/No
Consent Show Name/Image in Publicity	Yes/No
Photos taken by professional photographer at events	Yes/No
Consent Video Use for training purposes	Yes/No

I confirm that I have read, and agree to abide by the code of conduct and the club rules.

Signature(Parent/Guardian if under 18) Date.....

I (PLEASE PRINT IN BLOCK CAPITALS)..... hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.

Signature (Parent/Guardian if under 18) Date.....

All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. If at any time any of the above details change please contact the membership secretary, membership@harlowpenguins.com

Here at Harlow Penguins we take our members privacy seriously and will only use your personal information in accordance with our Privacy Policy. Please ensure you have read the policy and understand how your personal data will be used.

- <https://harlowpenguins.files.wordpress.com/2018/11/harlow-penguins-privacy-notice.pdf>

Since GDPR came into force and Swim England published their updated privacy policy we have been working to ensure that our systems and processes are compliant. Part of this process it to ensure that the information that is collected from our members with regard to their data protection choices are correct and only collected directly from our members. The Swim England Data Protection notice can be found on the following page:

- <http://www.swimming.org/library/documents/2479/download>