



# Leicester Penguins Swimming Club

Affiliated to the ASA East Midland Region & Leicestershire ASA



## Membership Form

ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITALS

### SECTION A – Member Details

First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 DOB: DD / MM / YYYY  
 Gender: Male:  Female:   
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Town/City: \_\_\_\_\_  
 County: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Tel (Home) : \_\_\_\_\_  
 ASA No (if known): \_\_\_\_\_

### SECTION B – Parent Details

First Name: \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Tel (Home, if different to member): \_\_\_\_\_  
 Tel (Mobile): \_\_\_\_\_  
 Email: \_\_\_\_\_

NOTE: Email address will be used for membership communication, club news and announcements only. Details will not be passed to third parties

### SECTION C – Emergency Contact Details

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Tel: \_\_\_\_\_

NOTE: The ASA recommend that the club hold a non-parent/guardian emergency contact number for each member.

### SECTION D – Medical Conditions

It is important team managers, coaches & poolside helpers are kept aware of any medical conditions which may affect the swimmers ability during training sessions or galas.

Do you suffer from any of the following? If 'Yes' please state any relevant information / instructions

	Yes	No	
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	

Are you or your child registered disabled? Yes  No  If 'Yes' please indicate nature of disability:-  
 Ambulant       Wheelchair       Visual       Hearing       Learning

Additional info:

### SECTION E –Sessions

Indicate which days and pool(s) you intend to swim as arranged with coach

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Key: **NP** – New Parks, **SY** – Syston, **DE** – Desford, **LU** – L'borough Uni, **LG** - L'borough Grammar, **GG** – Great Glen, **HP** – Humphrey Perkins, **WI** – Wigston (MS), **IB** – Ibstock (MS)

### SECTION F – Photography

From time to time Leicester Penguins may wish to publish photographs of your child(ren) in the media or on our website. Current ASA Child Protection guidelines will be adhered to. *(available to download from the LPSC website)*

I consent / do not consent (delete as appropriate) to the use of photography.

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*To be signed by parent/guardian for members under 18 years of age*

### SECTION G – Declaration & Consent

I have read and agree that I / my child will abide by the rules of Leicester Penguins Swimming Club and the Leicester Penguins Swimming Club code of conduct. *(Handbook available to download from the LPSC website)*

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*To be signed by parent/guardian for members under 18 years of age*

### FOR CLUB USE ONLY

Club Official: \_\_\_\_\_ Squad: \_\_\_\_\_ Fee Paid: £ \_\_\_\_\_  
 Passed LPSC Swim Entry Test: Y / N / NA Date Joined: \_\_\_\_\_ LPSC Member No: \_\_\_\_\_