



Birmingham Marlins Swimming Club

MEMBERSHIP APPLICATION FORM 2021

Please answer all questions and any additional information as appropriate as this will be used to your benefit by ensuring we are prepared for any potential problems through prior knowledge. If any information given on this form has changed, please inform us upon arrival.

If any questions remain unanswered then the form will not be submitted.

You will have the opportunity to discuss any queries with the Head Coach who will be happy to answer any of your questions.

All information will be kept strictly confidential

Swimmer's Name		
Date of Birth and Gender	/ /	Male / Female
Home address		
	Postcode	
SE Membership Number (if known)		
Adult Member if above person is under 16 years old	Miss / Ms / Mr / Mrs / Dr Name:	
Adult Member's Status	Parent / Guardian - <i>please delete as appropriate</i>	
Adult Member's Home Address		
	Postcode	
E-mail Address		
Home Phone Number		
Mobile Phone Number		
Primary Emergency Contact details		
Emergency Contact Telephone No.		
Secondary Emergency Contact details		
Emergency Contact Telephone No.		
Is the swimmer currently a member of another club?	Yes / No	Club name if applicable:
Doctor's Address		



Doctor's Telephone Number			
Asthma	Yes / No		
Epilepsy	Yes / No	Does the swimmer require a spotter on poolside?	Yes / No
Any Regular Medication? Please list all medications			
Any Medical Condition? (Diabetic for example)			
Allergy information			
	Does the swimmer carry an Adrenaline Pen (EpiPen)? Yes / No		
Disability classification and exemption codes if known			
Disability/impairment information Please tick all that apply	Physical impairment	<input type="checkbox"/>	Cystic Fibrosis
	Sight Impairment/blind	<input type="checkbox"/>	Multiple Sclerosis
	Communication barrier/impairment	<input type="checkbox"/>	Down syndrome
	Autistic Spectrum Disorder	<input type="checkbox"/>	Anxiety Disorder
	ADHD	<input type="checkbox"/>	Back/Scoliosis disorder
	Dyspraxia	<input type="checkbox"/>	Neuromusculoskeletal disorder
	Learning disability (I.Q. below 75)	<input type="checkbox"/>	Low self-esteem/lack of confidence
	Learning difficulty	<input type="checkbox"/>	Eczema
	Mental health condition	<input type="checkbox"/>	Burn injury
	Developmental delay	<input type="checkbox"/>	Tourette syndrome
	Difficulty with social skills	<input type="checkbox"/>	Muscular Dystrophy
	Deaf or hard of hearing	<input type="checkbox"/>	Dystonia
	Acquired brain injury	<input type="checkbox"/>	Hypertonia
	Loss of limb or limb deficiency	<input type="checkbox"/>	Leg-length difference
	Ataxia	<input type="checkbox"/>	Cerebral Palsy
	Impaired muscle power	<input type="checkbox"/>	Musculoskeletal problems
	Impaired passive range of movement	<input type="checkbox"/>	Sensory processing disorder
	Dwarfism	<input type="checkbox"/>	Other
Arthritis	<input type="checkbox"/>		
	Anxiety - Mild/Moderate/Severe	<input type="checkbox"/>	
Any Emergency Treatment Not Authorised?			
Is the Swimmer able to enter and exit the pool unaided using the pool steps.	If No is the use of a hoist needed? (Hoist not currently available at The Morris Centre)		Yes/No



Please refer to the Birmingham Marlins website for policies/statements marked*	
*I have read Birmingham Marlins data protection statement	Yes / No
*I have read Birmingham Marlins policies and procedures	Yes / No
*I have read and will comply with Swim England's Code of Ethics	Yes / No
*I have read and will comply with Birmingham Marlins Behaviour and code of conduct Policy	Yes / No
*I have read and signed the Swim Mark Code of Conduct Agreement	Yes / No
I give permission for the above swimmer to be photographed or recorded on video during swimming or social events	Yes / No
Country of Representation	
A Direct Debit must be signed after the trial but prior to the start of lessons/sessions	
Initial Payment	Payment to be completed via the "Swim Shop"
Enrollment Payment	£
Total Payment Due	BACS payment / Cheque Enclosed - <i>please delete as appropriate</i>
Payment Method	

I confirm that, to the best of my knowledge the information I have given above is correct and complete and that nothing has been withheld.

Signed: _____ Date: _____
By the Member or their responsible adult if under 18 years

Please ensure all boxes are filled in or this form will not be processed by the club.

All information will be kept strictly confidential.

Please note:

For Swimmers accepted into the Academy group upwards swimmers will need their own float, pull buoy, fins, goggles, and hat.

Last updated 13th January 2022