**Birmingham Marlins SWIMMING CLUB MEMBERSHIP APPLICATION FORM 2023**

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| --- | --- | --- |
| **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 Date of Birth** |  | |
| **Adult Member’s Status** | Parent / Guardian - *please delete as appropriate* | |
| **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.** |  | |

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| --- | --- | --- | --- | --- | --- |
| **Does the swimmer belong to 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 EpiPen?** Yes / No | | | | |
| **Disability classification and**  **exemption codes if known** |  | | | | |
| **Disability/impairment information**  Please tick all that apply | Physical impairment | |  | Cystic Fibrosis |  |
| Sight Impairment/blind | |  | Multiple Sclerosis |  |
| Communication barrier/impairment | |  | Down syndrome |  |
| Autistic Spectrum Disorder | |  | Anxiety Disorder |  |
| ADHD | |  | Back/Scoliosis disorder |  |
| Dyspraxia | |  | Neuromusculoskeletal disorder |  |
| Leaning disability (I.Q. below 75) | |  | Low self-esteem/lack of confidence |  |
| Learning difficulty | |  | Eczema |  |
| Mental health condition | |  | Burn injury |  |
| Developmental delay | |  | Tourette syndrome |  |
| Difficulty with social skills | |  | Muscular Dystrophy |  |
| Deaf or hard of hearing | |  | Dystonia |  |
| Acquired brain injury | |  | Hypertonia |  |
| Loss of limb or limb deficiency | |  | Leg-length difference |  |
| Ataxia | |  | Cerebral Palsy |  |
| Impaired muscle power | |  | Musculoskeletal problems |  |
| Impaired passive range of movement | |  | Sensory processing disorder |  |
| Dwarfism | |  | Other | |
| Arthritis | |  |
| **Any Emergency Treatment Not Authorised?** |  | | | | |
| I have read Birmingham Marlins data protection statement (on web site under documents) Yes / No | | | | | |
| I have read Birmingham Marlins policies and procedures (on web site under documents) Yes / No | | | | | |
| I have read and will comply with Swim England’s Code of Ethics ( on web site under documents) Yes / No | | | | | |
| I have read and will comply with Birmingham Marlins Behaviour and code of conduct Policy (on web site under documents) Yes / No | | | | | |
| I have read and signed the Swim Mark Code of Conduct Agreement (on web site to print off and sign under documents) 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** | |  | | | |
| **Membership Fee** | | £35 per person | | | |
| **Total Payment Due** | | £ | | | |
| **Payment Method** | | Via SwimShop on Web Site | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_