



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

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 - <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.		

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	<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>
	Sight Impairment/blind	<input type="checkbox"/>	Multiple Sclerosis	<input type="checkbox"/>
	Communication barrier/impairment	<input type="checkbox"/>	Down syndrome	<input type="checkbox"/>
	Autistic Spectrum Disorder	<input type="checkbox"/>	Anxiety Disorder	<input type="checkbox"/>
	ADHD	<input type="checkbox"/>	Back/Scoliosis disorder	<input type="checkbox"/>
	Dyspraxia	<input type="checkbox"/>	Neuromusculoskeletal disorder	<input type="checkbox"/>
	Learning disability (I.Q. below 75)	<input type="checkbox"/>	Low self-esteem/lack of confidence	<input type="checkbox"/>
	Learning difficulty	<input type="checkbox"/>	Eczema	<input type="checkbox"/>
	Mental health condition	<input type="checkbox"/>	Burn injury	<input type="checkbox"/>
	Developmental delay	<input type="checkbox"/>	Tourette syndrome	<input type="checkbox"/>
	Difficulty with social skills	<input type="checkbox"/>	Muscular Dystrophy	<input type="checkbox"/>
	Deaf or hard of hearing	<input type="checkbox"/>	Dystonia	<input type="checkbox"/>
	Acquired brain injury	<input type="checkbox"/>	Hypertonia	<input type="checkbox"/>
	Loss of limb or limb deficiency	<input type="checkbox"/>	Leg-length difference	<input type="checkbox"/>
	Ataxia	<input type="checkbox"/>	Cerebral Palsy	<input type="checkbox"/>
	Impaired muscle power	<input type="checkbox"/>	Musculoskeletal problems	<input type="checkbox"/>
	Impaired passive range of movement	<input type="checkbox"/>	Sensory processing disorder	<input type="checkbox"/>
	Dwarfism	<input type="checkbox"/>	Other	
Arthritis	<input type="checkbox"/>			
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: _____