



# MEMBERSHIP JOINING FORM



Venue: Ferndown Leisure Centre, Ferndown,  
Dorset BH22 9EZ

Swimming session: Saturday 13.35 - 14.20

**We require that joiners have a taster session in the pool first.**

Title		Forename	
Surname			
Date of Birth (under 18's)			
Address			
Postcode			
Telephone number			
Mobile number			
Email address/s for mailings			
<b>Emergency contact</b> (Name, Number, Relationship)			

## Membership Options

Benefits of membership include: privately hired accessible pool, discounted swim charges, support in the pool from qualified swim teachers/helpers, subsidised social events, the chance to gain swim awards and take part in swim galas.

### Pay Monthly:

Covers **all** swims & membership. Cancel anytime.

Pay by standing order to: Wimborne Wagtails                      Lloyds Bank  
Sort code 30-97-08 Account number 00816854

### Pay As You Swim:

How to pay: Preferably online or by cash to our Meet & Greeter in reception at sessions.

### Payment details:

Please check the appropriate box

Monthly standing order	<input type="checkbox"/>	£5 pm adult
	<input type="checkbox"/>	£4.50 pm child
PAYG	<input type="checkbox"/>	£2.50 per swim Swimmer to pay £10 credit for 4 swims and top up when used up. Swimmer to track their own swims

**Swimming goals:**

What would you like to achieve from your swim sessions?

Please check all that apply

Improved physical health	<input type="checkbox"/>	Maintain health	<input type="checkbox"/>
Improved swim technique	<input type="checkbox"/>	Accessible exercise	<input type="checkbox"/>
Better distance	<input type="checkbox"/>	Other?	<input type="checkbox"/>

Please give details below of any disability and / or medical conditions:

Is there any medical reason why you should not swim?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Do you have any medical condition that requires hospital assistance if you were taken ill?	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
Do you have a medical protocol? (If yes please attach a copy).	<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>

Please note the Club volunteer swim teachers and pool helpers are subject to availability on the day and do not work Bank holiday weekends. If you wish to tell us about your support needs in the pool, please complete and submit a Support Profile. If you need one-to-one assistance in the pool, parents / carers must be prepared to provide this themselves.

**CONSENTS / DISCLAIMERS**

**Photography**

This section requires each member of the Club (or parent / carer for under 18 or vulnerable adult) to give / refuse consent for the use of their photographs (may taken at social events, galas, Club meetings and swims). Wimborne Wagtails will follow the guidance for the use of photographs - a copy of this policy is available from the Club's Safeguarding Officer and is on the Club's website.

**Child / Vulnerable Adult – Parent / Carer to check the appropriate box and sign.**

I give  do not give  consent for Wimborne Wagtails to use images of ...

Name of swimmer	
Parent / Carer	

**Adult to check the appropriate box and sign.**

I give  do not give  consent for Wimborne Wagtails to use images of me

Name	
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**Carer** - If the swimmer is accompanied by a carer, please confirm if they will consent to the use of their images.

They give  do not give  consent for Wimborne Wagtails to use images of ...

Name of Carer(s)	
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**Other**

- As a member of the Club I agree to abide by all the Club Rules and Policies (available on the website).
- I understand that Wagtails cannot provide any personal care and I will need to bring my own carer if needed.
- I understand that swimming is a physical activity and confirm that I am fit enough to take part and I should consult a doctor if I have any doubts about my fitness.
- I understand that the Club will email me about activities and events. I am happy for the Club to keep my personal data securely for their records and will not share my data with third parties.
- I have read and understood these statements

Name of swimmer	
Name of parent / carer if signing on behalf of swimmer	
Signature	
Date	