**MEMBERSHIP PACK 2021**

Dear Member

Welcome to the Devizes Amateur Swimming Club.

This membership pack contains important safety information that we would ask you read carefully.

## For completion and return prior to membership

Please complete the following forms and return to the membership secretary by the date requested.

* Membership Form
* Photograph Permission Form
* Medical Treatment Permission Form

## For your information:

Please refer to the DASC website, [www.devizesasc.org.uk,](http://www.devizesasc.org.uk/) for the following important information. The DASC Information Pack is found in the Club Documents section on the home page. Contents include:

* Club Information
* Club By-Laws
* Code of Conduct
* Medication Notice

Kind regards

Jenny Oliver

**Membership Secretary**

# Membership Form

Surname …………………………………………… First Name……………………………...........

Address …………………………………………………………………………………………………………..

………………………………………………………………………… Postcode…………………………….

Home Telephone ………………………………………….. Date of Birth …………………………………

I acknowledge that I have read and agreed to abide by the Club by-laws, the Club’s Code of Conduct and the gala selection policy which are set out in full on the Club’s website and incorporated into this Membership Form.

……………………………………………………….. (**Signature of member**)

Doctors Name/Address/Telephone Number …………………………………………………………………

………………………………………………………………………………………………………..................

Please give details of any medical condition…………………………………………………………………

(use reverse if necessary)

Please state any medication received on regular basis…………………………………………………….

Please give details of any learning difficulties (e.g. deafness, needs to wear glasses etc.)

……………………………………………………………………………………………………………………

**Parent/Guardian:**

I acknowledge that I have read the Club by-laws, the Club’s Code of conduct and the gala selection policy and I agree to ensure that the above named member shall abide by the Club by-laws, the Club’s Code of Conduct and the gala selection policy which are set out in full on the Club’s website and incorporated into this Membership Form. By signing this form you are confirming that you are happy to volunteer, when asked by a member of the committee, in relation to the club events throughout the year.

Surname …………………………………………… First Name…………………………….....

Address ………………………………………………………………………………………………..

……………………………………………………………….. Postcode…………………………….

Home Telephone ………………………………………….. Mobile ………………………………

Email address …………………………………………………………………………

Is there anything else the Club should know or do in the event of your child being taken ill? (use reverse if necessary)

It is in the interests of your child’s safety and well-being that this form is completed in full and returned as soon as possible to the Membership Secretary.

**Subscription fee of £ enclosed**

Signed Parent/Guardian

# Photograph Permission Form

Dear Parent/Guardian/Carer,

Photographs may be taken of your child/children whilst taking part in galas, at the club championship presentation or training.

Devizes Amateur Swimming Club (Devizes ASC) only uses these photographs for the purpose of promoting the activities of the Club on the Club’s website, in our newsletters and in the local papers, or for fund raising on the Club’s photograph website.

In compliance with Child Protection and the Data Protection Act, Devizes ASC will not use the photographs for any other purpose.

The Club would also like to publish swimmers’ results on the website.

### Please can you therefore fill out the tear off slip below and return it to the Membership Secretary.

X

### Photograph Permission Form

Name of child/children

……………..……………………………………………..……………………………

I give my permission/I do not give my permission for photographs to be taken of my son/daughter and being used for publicity purposes and publishing their results on the website.

Signed ………………………………………………

Date ……………………………………………………

# Parental Permission for Medical Treatment in an Emergency

## Galas & Training sessions

I/We understand that as part of the competitive swimming of the Club, my son/daughter may be asked to take part in team galas or other competitive events or may wish to take part in training sessions to which we may or may not be accompanying them.

In the unlikely event of an accident or illness during such event which needs immediate treatment, I /we understand that representatives of Devizes ASC will try to contact us in the first instance. However should we be unavailable or unable to be present, I/we give permission for my son/daughter to receive first aid and medical treatment as required from a qualified practitioner in the event of our absence.

Name of child…….………………………………………………………..……………………………

Name of Parent or Guardian …………………………………………………………………………

Address …………………………………………………………………………………………………

……………………………………………………………………...………………………………......………….

…………………………………………………………………………………………………...…………………

Emergency Contact Numbers

(Home) ……………………………………………………………………..….

(Mobile) ……………………………………………………………………….

(Work) …………………………………………………………………………

Any known allergies …………………………..………………………………….………………………

………………………………………………………………………………………………………………….. Signature of Parent/Guardian ……………………………………………………………………………….. Name …………………………………………….

Date ……………………………………………………

**Please return this form to Jenny Oliver, Membership Secretary**

## DASC: Intake Procedure

* Initial contact to be made via DASC website
* Enquiries about children swimmers:
	+ Waiting List Coordinator (WLC) will respond to email within 15 days explaining current WL situation and answering any further questions. If the child wants to be put on the WL further information will be requested if not already supplied. i.e. name of child/dob and contact number for the parents/carers.
	+ It is explained that each child will need to have a swimming assessment before joining the club, and that assessment does not guarantee a place within the club.
	+ Assessments will be organised by the club as appropriate to spaces becoming available.
	+ At assessment coaches will record the swimming level of the child.
	+ Coaches will inform the WLC of spaces available as they occur for both Tuesday session (Devizes) and Wednesday sessions (Daunstey) but also regularly at end of terms/half terms.
	+ It will be emphasized that the main lesson night is Tuesday’s and that Wednesday sessions are for those that are not able to make the Tuesday timings but there are other restrictions which are available on request.
	+ After assessment, if there is a place available in the appropriate teaching level, the place will get allocated and will be told when they can start.
	+ After assessment, if there is no spaces available, alternative spaces at the different sessions can be looked at if appropriate. Otherwise the child is put on a WL for the correct level.
* Prior to the initial swim session the parents/carers are asked to pay for the terms fees (£62) along with membership paperwork they have downloaded and printed from the website. Further payment procedure is explained.
* The paperwork goes directly to the membership secretary; the waiting list form goes to the Head Coach/Teacher of the training session the child is attending.
* Places are allocated in order of date of initial contact.
* Children have to be 5 years old and at school before they can swim with the club (although parents/carers are able to register their interest prior to this).