



## Oxford Swans Swimming Club

Registered Charity No 1052858

### Membership Application/Renewal Form Part 1 – Personal and Contact Details

If you are applying for membership for the first time, or are renewing and think your circumstances might have changed since joining, **please complete both Part 1 (this form) and Part 2 (separate document) covering health details and data privacy. First time applications for membership cannot be completed until both parts are read and understood, completed and signed.**

If you are completing this form on behalf of a swimmer under 18, and/or a swimmer over 18 who is unable to complete due to a physical or cognitive difficulty, **please give your details in section at the end.**

#### Type of Membership

Are you applying for/renewing membership as a	Swimmer (Junior)	<input type="checkbox"/>	£5
	Swimmer (Adult)	<input type="checkbox"/>	£10
	Family membership	<input type="checkbox"/>	£15
	Helper	<input type="checkbox"/>	FREE

#### Your Personal and Contact Details

Your first name		Title Mr/Miss/Mrs etc	
Your last name		Date of Birth	
Your address		Postcode	
Email addresses	Primary	Alternative	
Contact numbers	Primary	Alternative	

#### Your Contact Preferences

We would like occasionally to send you general information about the club's activities via newsletters or other communications.

- by Email
- by Post
- by Telephone
- by SMS text message

**If You are Applying for Family Membership**

Please give the names and dates of birth of any family members who will be entering the water. **If they only wish to sit on the poolside, we do not need their details.**

- |         |               |
|---------|---------------|
| 1. Name | Date of Birth |
| 2. Name | Date of Birth |
| 3. Name | Date of Birth |
| 4. Name | Date of Birth |
| 5. Name | Date of Birth |

**About Your Experience**

Please tell us about any relevant previous experience or skills, for example, previous swimming experience, swimming awards, teaching skills, first aid/lifesaving skills:

**TO BE COMPLETED ONLY IF YOU ARE APPLYING TO BE A HELPER:**

Are you willing to help, with appropriate training where necessary? Please tick all that apply:

- in the water
- on the poolside
- with administration

BY TICKING THE CORRESPONDING BOX AND SIGNING THIS FORM YOU CONFIRM THAT:

- You wish to become a member of the club, and you agree to abide by any rules of the club.
- To the best of your knowledge, you are fit to take part in the activities of the club including swimming with Swans and, to the best of your knowledge, the information that you have given on this form is both accurate and complete.
- The club teaches using the Halliwick Concept. This involves physical support when needed. By ticking this box, it shows agreement with this.
- You have been given a copy and have read and understand the club's privacy policy.

Any personal information about you held by the club, including sensitive information, will be held in accordance with the club's obligations as a Data Controller under relevant data protection legislation and in accordance with its Privacy Policy.

Signature of applicant:

Date

\_\_\_\_\_  
(Parent/guardian if applicant under 18, or other responsible person)

Print name:

\_\_\_\_\_

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If you are completing this form on behalf of a swimmer under 18, and/or a swimmer over 18 who is unable to complete due to a physical or cognitive difficulty, please give your details in section below:

Your name	
Your address and postcode	
Your telephone number	
How do you know the applicant?	

Sending this form to us:

- If you are applying for membership for the first time, and **you wish to swim within the next week**, please hand in this completed form, together with accompanying Part 2 (Health and Data Privacy Consent form), **at your first session**.
- Otherwise, please post both forms to:  
**Matt Robinson, Swans Membership Secretary, Barn End, Middle Aston, Bicester, Oxon, OX25 5PX**

Payment can be made by:

- Bank Transfer:  
Oxford Swans Sort code 30-93-93 / Account number 00918428  
Please reference name of swimmer/helper that payment relates to.  
 I paid by bank transfer on (date) ..... with reference: .....
- By cheque, made payable to Oxford Swans Swimming Club.  
 I enclose my subscription for the coming year  
Please **do not hand-in cheques poolside**, always post them to the above address.