



Membership New Joiner and Renewal Form

**? How to use and complete this form**

<p><b>New member</b></p>	<p><b>Complete all sections</b> of this form.</p> <p>Swimmers pay by cheque or by bank transfer.</p>	<p><b>Hand-in</b> this form poolside, together with your cheque if that is preferred, at your first session.</p>
<p><b>Renewing member</b> None of your details have changed</p> <p><b>Renewing member</b> Your personal or contact details have changed</p>	<p>You can renew your existing details online by signing in to <a href="https://membermojo.co.uk/oxfordswans/signin">https://membermojo.co.uk/oxfordswans/signin</a></p> <p>OR <b>Complete Section 1 of this form</b> and put a line through all other sections</p> <p>You can amend and renew your existing details online by signing in to <a href="https://membermojo.co.uk/oxfordswans/signin">https://membermojo.co.uk/oxfordswans/signin</a></p> <p>OR <b>Complete Sections 1 and 2 of this form</b> and put a line through all other sections</p> <p>Swimmers pay by cheque or by bank transfer.</p>	<p>If using this form to renew, <b>please post it</b> together with your cheque if that is preferred to:</p> <p>Matt Robinson Swans Membership Sec Barn End Middle Aston Bicester Oxon OX25 5PX</p>
<p><b>Renewing member</b> Your emergency contact details, family member details or health details have changed</p>	<p><b>Complete all sections</b> of this form</p> <p>Swimmers pay by cheque or by bank transfer.</p>	<p><b>Hand-in</b> this form poolside, together with your cheque if that is preferred, at your first session.</p>

- **First time applications for membership cannot be completed until all sections are read and understood, completed and signed.**
- Before signing this form, you should read each statement carefully. If you agree with the statement tick the box alongside.
- Before signing the form, if you have any questions or concerns, please do discuss these with us or your doctor/health professional or other medical advisor as may be as appropriate.
- You need to sign at the end of this form even if you do not tick all of the boxes. Your signature will be deemed NOT to apply to the boxes you have NOT ticked.
- 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 at the end of Section 1.**

**SECTION 1 - CONSENT and DATA PRIVACY**

**? New or Renewing members. This section needs to be completed by everyone.**

Member name			
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

Please note that our membership year runs to the end of the calendar year. Membership fees cover January 1<sup>st</sup> to December 31<sup>st</sup>, or any part thereof.

For swimmers, payment can be made by:

<p>By Bank Transfer (preferred):          Name: Oxford Swans          Sort code: 30-93-93          Account number: 00918428</p> <p>Please reference name of swimmer that payment relates to</p>	<p><input type="checkbox"/> I paid by bank transfer on (date)</p> <p>with reference:</p>
<p>By cheque, made payable to          Oxford Swans Swimming Club</p>	<p><input type="checkbox"/> A cheque for my membership is attached</p>

**TO BE READ AND COMPLETED BY ALL APPLICANTS:**

Your privacy is important to us. [The club's privacy policy is available on our website](#), or please email [oxfordswans@gmail.com](mailto:oxfordswans@gmail.com) and ask for a copy. You should not complete this form until you have read and understood the club's privacy policy.

We need to ask you whether you agree to certain personal information about you being processed by the club. To the extent that you have agreed to any of the statements below, and have shown that agreement by ticking the relevant box and signing this form, you can withdraw your agreement to any one, a number of, or all of these statements at any time. If you do so, this will not affect your membership of the club unless by withdrawing your agreement, your membership cannot reasonably continue.

If you would like to withdraw any consents you have given or discuss any queries further then please contact [oxfordswans@gmail.com](mailto:oxfordswans@gmail.com)

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**CONTACT PREFERENCES**

We would like occasionally to send you general information about the club and its activities in the form of newsletters or informational emails/letters. By ticking the boxes below (you can choose all or any preferred, **but you must choose at least one please**) you consent to receive our newsletter and other communications from us. We will not pass your details to third parties for direct marketing purposes.

By Email	<input type="checkbox"/>	by Telephone	<input type="checkbox"/>
by SMS text message	<input type="checkbox"/>	by Post	<input type="checkbox"/>

**Please note:** Our preferred method is to contact you by email. It is cheaper and quicker for us. We are a small charity with just a few administrative volunteers. Due to time constraints it is not always possible for us to send communications by post or telephone.

**INFORMATION ABOUT HEALTH AND DISABILITIES**

The club is a swimming club for disabled people. This means that we need to process information about our members and prospective members concerning physical or mental health conditions (including any injuries) and any disability. This is so we can (i) comply with health and safety requirements (ii) ensure your health and safety (iii) assess your fitness to participate in any events or activities we organise (iv) provide appropriate adjustments to our sports facilities where that is reasonably possible and (v) promote a sports environment that is inclusive, fair and accessible.

- By ticking this box, you agree, for the reasons given, to the club processing personal data about you concerning any physical or mental health conditions (including any injuries) and any disability you may have or have had.
- By ticking this box, you agree to the club seeking further medical information or advice on the safety of you taking part in the club's activities if it reasonably considers this necessary.

**BY TICKING THE CORRESPONDING BOXES BELOW AND SIGNING THIS FORM YOU CONFIRM THAT:**

- You wish to become/renew as a member of Oxford Swans Swimming 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:

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?	

**SECTION 2 – MEMBER PERSONAL, FAMILY and CONTACT DETAILS**



Please complete this section for a **New Membership** or a **Renewing Membership** if any personal, family or contact details have changed.

Member first name		Title Mr/Miss/Mrs etc	
Member last name		Date of Birth	
Member address and postcode			
Email addresses	Primary	Alternative	
Contact numbers	Primary	Alternative	

**Experience**

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

**SECTION 3 – EMERGENCY CONTACT, FAMILY MEMBER and HEALTH DETAILS**



Please complete this section for a **New Membership** or a **Renewing Membership** if any emergency, family or health details have changed.

**Whom Should We Contact in an Emergency?**

Please give details of the person we should contact in the event of an emergency:

Their full name		
Their relationship to you		
Their contact numbers	Primary	Alternative

**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.**

	Name	Date of Birth	Their relationship to you
1			
2			
3			
4			
5			

**Member / Family Members' Health**

We need to know that it is safe for you to swim with Swans and for you to take part in other activities that the club may organise from time-to-time. You have been asked on the main membership form to certify (confirm) that you are safe to go into the water and take part in other activities which we may organise.

For this reason, it is very important that you give us as much information as you can about your health, as this will help us to meet your needs as best we can and to keep you as safe as possible. If you are applying for family membership please give name, date of birth and health information for all helpers and family members who will be going in the water with you.

**Member / Family Members' Health**

Name	Swimmer / Helper		1. Family member		2. Family member		3. Family member		4. Family member		5. Family member	
	Date of Birth											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Do you have any of the following? <i>Please tick</i>												
Communication difficulties												
Visual difficulties												
Learning difficulties												
Hearing difficulties												
Fits /epilepsy												
Autism												
ADHD												
Heart condition												
High/low blood pressure												
Asthma												
Breathing difficulties												
Nerve or joint problems												
Balance movement difficulties												
Skin problems												
Brittle bones												
Diabetes												
Haemophilia												
Contenance problems												
Are you a wheelchair user?												
Do you use a walking aid?												
Do you have a clinical diagnosis? Please tell us here:												
Do you take any medication? Please tell us here:												
Please provide details of any challenging behaviour												
Any Additional Comments:												

**SECTION 4 – TO BE COMPLETED ONLY IF YOU ARE APPLYING TO BE A HELPER:**

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Please complete this section if you are a **New Helper Member**

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

- in the water
- on the poolside
- with administration

**DBS CHECKS AND REFERENCES** The safety and welfare of all our club members is vital.

- If you are over 16 and applying for membership of the club as a volunteer, by ticking this box, you consent to the club arranging for a DBS check to be carried out on you and, for that purpose, processing your personal data as necessary to facilitate that. We currently arrange necessary DBS checks through our affiliation with [Oxfordshire Youth](#).

We take the safety and welfare of all of our club members very seriously. Please provide details of two referees whom the club may contact.

Referee 1	Referee 2
Their name	Their name
Their address and postcode	Their address and postcode
Their email address	Their email address
Their telephone number	Their telephone number
How does this person know you?	How does this person know you?

- If you are over 16 and applying for membership of the club as a volunteer, by ticking this box you consent to the taking up a reference from any referee that you have provided and, for that purpose, processing your personal data as necessary to facilitate that.