

**OLDBURY SWIMMING & TRIATHLON CLUB
MEMBERSHIP FORM 2018**



SWIMMER/TRIATHLETE DETAILS

Surname					
Forenames					
Preferred Name	DOB				Gender M F
Address:					
	Postcode:				
Tel. No.					
Mobile:					
E-mail					

MEMBERSHIP FEES

		To be paid before the end of January each year if renewing. If not paid cant swim etc	To be paid within two weeks of completion of free trial session if a new membership
Triathlete Junior	£ 5.00		
Triathlete Senior	£ 20.00		

TRAINING FEES

Triathlon Pool swim Only		Cycling & Running is free as long as no facility hire is involved	Triathlon Open Water swimming	
1 weekly session	£19:00 per month		Children pay-as-you-go £2 per swim	
2 weekly sessions	£31:00 per month		Adults pay-as-you-go £4 per swim	
additional sessions	£5:00		Adults unlimited for season £35:00	
ALL PAYMENTS TO BE PAID VIA BACS			PAYMENTS TO BE PAID VIA CASH	

Bacs to; Oldbury Swimming & Triathlon Club, Barclays Bank, Account Number: 40646334, Sort Code: 20 27 20
£19 or £31, Monthly, yournameTRISwim or yournameTRImemb

Note: if no payments received within two consecutive months, its presumed the member has left the club and as such their membership has finished. By prior agreement, due to work commitments, illness etc., it maybe possible for members to do a standing order for a minimum of one session (£5) per month, then top up with further payments of £5 for the second and additional swims done each month.

Please note that all monthly fees are based on an annual fee and are payable on the **1st** of each month. We have taken into account seasonal closures, holiday periods and some reasonable pool down time. OSTC reserves the right to alter these fees at any period during the year if necessary.

Emergency Contact Details:

Contact 1:					
Surname					
Forenames					
Relationship					
Tel. No.					
Mobile:					
Contact 2:					
Surname					
Forenames					
Relationship					
Tel. No.					
Mobile:					

Medical Information

All information is treated in strictest confidence. Failure to inform the Club of any medical conditions means that the swimmer/triathlete may not be covered by the clubs insurance and may not receive the help they need to ensure their safety and success in the water. It is important that the person in charge of the session is informed of any current medical problems that are likely to affect the safety of the swimmer/triathlete.

Does the swimmer/triathlete suffer from any medical conditions/allergies requiring treatment?

YES
NO



Please give details:

Is the swimmer/triathlete allergic to any medication?

YES
NO



Please give details:

Is the swimmer/triathlete taking any long term medication?

YES
NO



Please give details:

Any other relevant information e.g. Physical conditions the Club need to be aware of

Permission to use photography/filming for training purposes

Note: to be destroyed after intended use, unless agreed different (publicity etc)

YES
NO



Please give details if no:

INFORMATION ABOUT ETHNIC ORIGIN:

British Triathlon requires a statistical breakdown of the ethnic origin of all members please indicate:

White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White Other	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Asian Bangladeshi	<input type="checkbox"/>
Asian Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Mixed White & Black Caribbean	<input type="checkbox"/>
Mixed White & Asian	<input type="checkbox"/>	Mixed Other	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Triathlete /Parent /guardian declaration

All relevant information & codes of conduct can be found on the Club website & I understand my responsibility in reading them. Having been advised of the time and place I understand that I am responsible for me/my child getting to and from sessions. In the event of an emergency I consent to me/my child being given any medical, surgical or dental treatment including general anaesthetic and blood transfusions considered necessary by the medical authorities present.

I agree to abide by the Oldbury Swimming & Triathlon Club constitution and the swimmers and parents code of conduct, and will inform the Club of any changes to my details. I agree to this information being kept by the club and used to contact me about information regarding the club, until I inform them different.

Signature of Parent/Guardian

Date

Swimmer/triathlete signature

Date