



www.haringeyboroughsc.co.uk



Dear Parent

Haringey Aquatics - contact details

The Club would like contact details for you and your child(ren) to add on to our Members database. This allows the Club to forward information regarding any Galas or Club News and to receive notification of our Newsletter, please complete the details below.

We are particularly keen to have an **email address for you**. If you do not have an email address please could you indicate this by ticking the appropriate box.

The personal details, which you give on this form, will be used by Haringey Aquatics for the administration of Club events and entry to Open Galas and also by the following Haringey Aquatics Committee Members: Chair, Secretary, Coaching Staff, Gala Secretary, Open and County Gala Secretary, Volunteer Co-ordinator, Membership Secretary, Treasurer and Finance Assistant, and Welfare Officer. The details will be retained for a period of 24 months.

By virtue of your membership to the ASA you agree to your personal information being made available to British Swimming and its members, subject always to compliance with the Data Protection legislation.

Thank you for your help with this and please ring me if you have any queries after 7.00 pm– my contact number is 07946 180 134.

Yours faithfully

Carol Ferguson

Membership Secretary
Haringey Aquatics

Squad Membership Form

Please complete this form, sign and return to the Membership Secretary

Name of Child/ren	Date of Birth	Gender

Name of Parent/Guardian:

Contact Address:

.....

..... Postcode:

Tel (home):

Tel (mobile):

Email:

Please tick this box if you do not have an email address

Secondary Contact in case of emergency: Relationship:

Name:

Contact No:

If the applicant is a member of another ASA affiliated club and paying ASA membership fees as part of this club membership please state the name of the other club:

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Medical Information

Does the swimmer have any health concerns, disabilities or special needs that the instructors/coaches should be aware of? YES/NO

If Yes, please state

.....

.....

.....
Does the swimmer require medication?

YES/NO

If Yes, please state
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.....
.....

Declaration

I understand that a yearly membership fee to the ASA is payable, and also a monthly club fee as set by the Committee. When a swimmer leaves the Club, their resignation must be put in writing and this should be given to the Club Secretary or Treasurer – fees will be due until this letter is received.

I understand that Haringey Aquatics is a competitive club and squad members may be selected to swim in galas.

I will inform the Members Secretary if any our details change.

Signed:
(Parent/Carer)

Date:

Signed:

Date:

Please return this form to:

Poolside Administrators at Park Road or Tottenham Green

To be completed by HA Poolside Administrators

ASA Form Received : Cat 1, Cat 2	Standing Order Club Copy: Yes/No	First month Payment Cheque/cash
ASA Payment:	Date Standing Order Commences:	£.....
Venue:		
Park Road/ Tottenham Green		
Date received by Admin:		

Monitoring Form

The monitoring form is optional, however Haringey Aquatics is moving towards being more representative of our communities. To this end, the Committee monitors the composition of the Club to review progress.

Please tick the relevant boxes, **do not include your name: all information will remain anonymous and confidential.** No third party will identify anyone by any of the monitored characteristics and the collected data will be used only for statistical analysis reported to the Committee.

Ethnic Origin and Gender

Ethnic Origin		Male	Female
(1) White	Please state:		
(2) Black and Ethnic Minority	African Caribbean		
	African		
	Asian		
(3) Mixed Ethnicity	Please state:		
(4) Other	Please state:		

(5) Disability

Do you define yourself as disabled (please tick)

YES

NO

Thank you for completing this monitoring form.