



Lancing College

Lancing College Swimming Club

Lancing College Swimming Club is affiliated with Swim England South East and Sussex County ASA

Membership Details/Consent Forms

Full Name:	
Date of Birth:	
Gender:	
Home Address:	
Telephone Number:	
Email Address:	
Names of Parent(s)/Guardians and address if different from above	
Parent(s) telephone numbers:	
Parent(s) contact e-mail:	
School Name:	
Ethnic Origin (Self-Described):	

Please indicate your membership category:

Swimmer	Masters	Coach	Parent	Other

Swim England Registration Number: (If applicable)	
Current Club and Squad:	

Swimmers Name:

Squad:

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Declaration

By applying for (or renewing) my membership with LCSC, I acknowledge receipt of the rules of Lancing College Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club.

I further acknowledge and accept the responsibilities of membership upon members as set out in these rules. The code of conduct, rules and constitution of the Club will also be posted on the Club website (LCSC) and be available on application to the Club secretary. It is a condition of membership that medical conditions are disclosed. Every applicant is assured of the confidentiality of this information. Club records are held on computer and all such information is covered by the data Protection Act. The Club does not disclose personal information to any third parties.

I declare to the best of my knowledge and belief that the statements provided in this application are true and complete and that all material facts have been disclosed. I also agree to abide by Lancing College Swimming Club rules and codes of ethics as governed by LCSC affiliation to Swim England.

Member Signature:

Countersignature:

(Parent/Guardian, if under 18)

Date:

Please indicate whether you agree for yourself/your child to be featured in any photography related to LCSC events and training.

I agree to participate in photography related to LCSC events.

I do not give my permission to participate in LCSC photography.

Swimmers Name:

Squad:

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Medical Questionnaire

To be completed by members 18 years or over, or by parents / guardians of swimmers under 18 years.

Please complete all sections.

Full Name:	
Date of Birth:	
Home Address:	
Telephone Number:	
Email Address:	
GP Name and Address	
ASA Registration No.	

If you (or your child) suffer from asthma please indicate what the current medication and dosage prescribed is:

SALBUTAMOL (Ventolin)		FLUTICASON (Flixotide)	
SALMETEROL (Serevent)		BUDESONIDE (Pulmicort)	
TERBUTALINE (Bricanyl)		BECLOMETHASONE (Becotide)	
Any other medication taken for the treatment of Asthma:			

Swimmers Name:
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Do you/your child have any specific medical conditions requiring medical treatment/medication?	Yes / No	If 'Yes', please give details:
Do you/you child have any allergies?	Yes / No	If 'Yes', please provide details:

MEDICINES

Name of Medication	Dosage and Frequency per day

VITAMINS & SUPPLEMENTS

Name (incl. brand and main ingredient)	Dosage and Frequency per day

Swimmers Name:
Squad:
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Emergency Contact Details:

Name	Relationship to Swimmer	Mobile No.	Home Tel.	Work Tel.

LCSC requires consent to act as your son/daughter’s medical advocate in your absence in training or on any club related outings. If you agree to the Head Coach, Squad Coach or Team Manager obtaining urgent medical treatment for your son/daughter while on a club activity and in your absence, please complete the following statement and sign below.

I,....., the parent of the child named on this medical form, hereby give consent for the Coaches or Team Manager of LCSC to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son / daughter’s interest, in the opinion of medical professionals for any delay incurred by seeking my personal consent.

Signed:

Print Name:

Date:

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of Swim England or British Swimming.

Signed:

Print Name:

Date:

Swimmers Name:

Squad:

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Code of Conduct for Swimmers and Parents/Carers

Swimmers are expected to:

General Behaviour

- Treat all coaches, club officials, pool staff, parents and team-mates with dignity and respect.
- The use of bullying or abusive behaviour and/or language will not be tolerated and could result in disciplinary action being taken.
- Show support for team mates. Celebrate and encourage good performances, improvements and training practices.
- Do not partake in spreading malicious rumours, instead report such matters to a coach, the pool manager or the club welfare officer.
- Understand that in every competition, training session and every time club kit is worn, a swimmer's behaviour is a reflection of the team. Strive to be well-mannered, sportsmanlike and respectful always.

Swimming Training

- Training sessions will be started promptly. Please ensure you arrive in good time to get changed and complete any required pre-pool exercises prior to the session start time.
- If you arrive late then inform the coach before entering the pool.
- Please inform the coach of any illness/injury before entering the pool.
- Come prepared to swim with all equipment needed for the session. Minimum requirements: Swimming costume/trunks, hat, goggles, kickboard, pull buoy, fins. Optional extras: Paddles and Snorkels, Spare Goggles and Hats.
- **WATER BOTTLES MUST BE BROUGHT TO EVERY SESSION.**
- If you need to leave the pool for any reason during training inform your coaches before doing so.
- Demonstrate respectful behaviour to others in the changing rooms.
- Listen carefully to instructions from coaches and be prepared to start each set at the right time.

Competitions

- Always behave in a respectful manner to other competitors, coaches, officials and team mates.
- Listen carefully to instructions from the coaches.
- Always wear Lancing College Swim Team Kit.
- Support your team mates.
- Report to your coach on arrival for warm-up instructions.
- Inform the coach or team manager before leaving the competition.

Swimmers Name:

Squad:

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Parents/Carers are expected to:

1. Complete and return all appropriate forms that the club issue including details of any health conditions / concerns relevant to your child. Any changes in the state of your child's health should be reported to the coach prior to coaching sessions. Ensure the club has up to date contact details for you and any alternative person.
2. Deliver and collect your child punctually to and from coaching sessions/swim meets. It is not the responsibility of the coach to look after your child after the session is finished. Therefore, ensure you or an alternative person is available to supervise your child in the changing area if required. Please inform a member of the coaching team or committee if there is an unavoidable problem.
3. Inform the coach before a session if your child is to be collected early from a coaching session/meet and if so by whom.
4. Ensure your child is properly and adequately attired for the training session/events including all equipment, i.e. hats, goggles etc.
5. Behave responsibly as a spectator at training and galas, and treat swimmers, coaches, committee members, parents at yours and other clubs with due respect meeting the ASA commitment to equality.
6. To encourage your child to behave appropriately during training and at galas. If you witness any inappropriate behaviour by other swimmers, coaches or parents, this should be reported to the appropriate person i.e. coach, pool manager or club welfare officer.
7. Ensure you do not use inappropriate language within the club environment.
8. Ensure that malicious (hateful, spiteful, nasty, cruel, unkind) gossip (hearsay, rumours) is stopped, and not spread to other parents and swimmers. Any malicious gossip heard should be reported to the appropriate person i.e. coach, pool manager or club welfare officer
9. Celebrate and support your child and all the LCSC team members.
10. Ensure your child's needs are met in terms of nutritional needs and listen to advice given from the coaches / nutritionist.
11. Do not enter poolside during training and galas (including morning training sessions) unless requested to do so in an emergency. If you wish to have a discussion with the coach please contact them directly to make an appointment.
12. To contact the coach if your swimmer is having any problems. Please wait until after the training session if doing this in person.
13. Support the coach and committee appropriately and raise any concerns you have in an appropriate manner.
14. To pay membership, training and gala entry fees on time.
15. Most of all help your child enjoy the sport and achieve to the best of their ability.

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Lancing College Swimming club is affiliated to Swim England South East and Sussex County ASA. We are committed to providing good child safeguarding practice and we have adopted the Swim England Safeguarding Policy, Wavepower, a copy of which can be downloaded from www.swimming.org/swimengland/wavepower-child-safeguarding-for-clubs/. Our Welfare Officer is: **Kelly Marchi kve@lancing.org.uk 07795410010**

LCSC will:

1. Inform you at once if your child is ill and ensure their wellbeing until you are able to collect him / her.
2. Ensure good child safeguarding guidelines are followed at all times to keep your child safe.
3. Ensure all activities are properly supervised / coached and consent is obtained for any activity outside of that previously agreed.

The parent has a right to:

1. Make a complaint to the club if they feel the club or a member of the club is not acting appropriate to Swim England / club rules and regulation.
2. Make a complaint on behalf of their child to the Swim England Office of Judicial Administration.

Please sign to confirm that you agree to abide by the Swimmers and Parents/ Carers Code of Conduct.

Name of swimmer:
(please print)

Signed by swimmer:

Date:

(For members under 18 years old) As the parent/carer of the above-named swimmer I/we have read and agree to abide by the code of conduct.

Can all parent/carers who regularly attending training sessions, please sign.

Name and Relationship to swimmer:

Signed:

Date:

Name and Relationship to swimmer:

Signed:

Date:

Swimmers Name:
Squad:
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