



MEMBERSHIP APPLICATION / RENEWAL FORM 2008/2009

The completed form should be returned to the Club Treasurer before attending any Club training session. Cheques in payment of membership subscription should be made payable to Invicta Water Polo Club.

New membership application YES / NO Renewal of membership YES / NO

Surname Forenames
Date of birth ASA Reg. No.
Address
Post Code
Telephone numbers:
(Home) (Work) (Mobile).....
E-mail address
First Claim Swimming Club

I the undersigned, certify that I am physically fit and have not been informed otherwise by a doctor. I acknowledge that I am aware of the risks inherent in Water Polo (both training and competition), and agree to assume all of those risks and hereby waive any and all right to claim against Invicta Water Polo Club for loss or damage arising out of participation in any activities of the Club. I acknowledge receipt of the rules of Invicta Water Polo 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.

Invicta Water Polo Club wishes to achieve the ASA "Swim21" accreditation and as part of the process it requires the transfer of information between members and the Club. This information will be disclosed as necessary for the benefit of the member and Club only.

Do you suffer from a medical condition that the Club should be aware of: YES / NO
Will you disclose the nature of the condition to the Club by separate letter, which will be held in the Club's Safety File and disclosed to the Secretary and/or Coaches: YES / NO
Have you or will you agree to read and abide by the Club's Constitution, Officials & Committee Members, ASA's Child Protection Policy, Code of Conduct, Code of Ethics all of which can be accessed on the Club's web site or Safety File. As part of the QA process you may be questioned on their contents by a Committee Member.

The Club requires two contacts in case of an emergency, one of which may be another Club member.

Contact 1 Name: Telephone No:
Address:
Contact 2 Name: Telephone No:
Address:

The Treasurer holds financial discretionary powers on behalf of the Club, which are confidential between the member and the Treasurer. The Treasurer's decision is final, do you agree: YES / NO

A current copy of the Club's ASA Insurance Certificate is displayed on the notice board at White Oaks as well as in the Safety File. Any queries should be addressed to the Secretary. It is a condition of the policy that Club members must have paid their ASA Membership and are not entitled to train, play, teach or coach without valid ASA Membership. Do you understand: YES / NO

Note: The names of members (and sometimes their photograph) may appear on the Club's website. I agree to my name or photograph being used on the Club's website: YES / NO

Note: Training sessions and/or matches may be videoed and used for training purposes.

Signed Date

Parental consent for those players under eighteen (18) years of age

Signed by Parent/Guardian Date