



Oxford Swans Swimming Club

Registered Charity No 1052858

Membership New Joiner and Renewal Form

How to use and complete this form

New swimmer / helper membership	Complete all sections of this form.	Hand-in this form poolside at your first session.
Renewing membership None of your details have changed	You don't need to complete this form.	Just email us at oxfordswans@gmail.com to let us know, and pay the membership fee using the details shown on page 2.
Renewing membership Your personal, contact or family member details have changed	Complete Sections 1 and 2 of this form and put a line through all other sections	Please post it to: Matt Robinson Swans Membership Secretary Barn End Middle Aston Bicester Oxon OX25 5PX

You can also [renew an existing membership online here](#).

This form has 3 sections:

SECTION 1 – CONSENT and DATA PRIVACY

SECTION 2 – PERSONAL, FAMILY and CONTACT DETAILS

SECTION 3 – CHECKS and REFERENCES (**only for new helper members**)

- **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.**
- **All first time applicants must also complete our Member Health Form and hand this in poolside before your first session.**

SECTION 1: CONSENT and DATA PRIVACY

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

Swimmer 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 1st to December 31st, or any part thereof.

Payment can be made by:
(Preferred) Bank Transfer:

Oxford Swans: Sort code 30-93-93 / Account number 00918428

Please reference name of swimmer that the payment relates to.

☐ I paid by bank transfer on (date) with reference:

Or Cheque, made payable to Oxford Swans Swimming Club.

☐ I enclose my subscription for the coming year

TO COMPLETED BY ALL APPLICANTS:

Your privacy is important to us. [The club's privacy policy is available on our website](#), or at the poolside or email oxfordswans@gmail.com and ask for a copy.

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

CONTACT PREFERENCES

By selecting the boxes below (you can choose all or any preferred) you agree to receive our newsletter and other informational communications from us via the means selected. Please note, your preferences here do not apply to communications sent to you that are necessary for the day-to-day running of the club and the maintenance of your membership, which communication will continue as necessary.

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.

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: 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.

Swimmer's first name		Title Mr/Miss/Mrs etc	
Swimmer's last name		Date of Birth	
Swimmer's address and postcode			
Email addresses	Primary	Alternative (optional)	
Contact numbers	Primary	Alternative (optional)	

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			

SECTION 3: CHECKS and REFERENCES

Please complete this section only 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, you will need an enhanced DBS check.

- ☐ By ticking this box, you consent to the club carrying a DBS and, for that purpose, processing your personal data as necessary.

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?

- ☐ 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.

Experience

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