**GB DEAF SWIMMING CLUB MEMBERSHIP FORM 1st Jan 2019 - 31st Dec 2019**

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| --- | --- |
| Name |  |
| Gender |  |
| DOB (swimmers only) |  |
| Home Country registered for competition |  |
| Swim England/WASA/SASA No |  |
| Current Rank Club |  |
| Home landline contact number if applicable |  |
| Email Address  |  |
| Home Address |  |
| Swimmer Category (Latest Audiogram)(Average loss in better ear over 500/1000/2000HZ)**A (25-54Db B (Over 54Db**  |  |
| Medical details: Please indicate any medical conditions/prescription drugs taken that the club should be aware of: |  |
| Hearing aids/cochlear implants: please detail what device is used in both ears |  |
| Method of communication (in water and when in a classroom) |  |
| 1st named Parent/Guardian (member under 18) Mobile No. & state if text only. Address if different |  |
| 2nd Named Parent/Guardian (member under 18)Mobile No. & state if text only. Address if different |  |
| **Emergency contact details for members over 18** |  |

**Parental qualifications: swimming-related.** Please indicate level of Swimming Official skills, your Swim England/WASA/SASA number, and also if you have any level of expertise in using timing systems like Hytek etc

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Swim England/WASA/SASA no. | Level of skill | Other skills e.g. ability to operate Hytek |
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**Membership declaration**:

*“I acknowledge receipt of the rules of The Great Britain Deaf Swimming Club as shown on the club website* [*www.gbdeafswimming.org*](http://www.gbdeafswimming.org) *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”*

**I also acknowledge and accept the responsibilities of membership upon members/Teachers/Coaches/Swimmers/Parents/Volunteers all of which are on the club’s website.**

**Signatures of all those applying for membership:**

**Swimmer/Other Member (Over 18) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent signature if swimmer is under 18 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership fees:**

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| --- | --- | --- |
| **Membership Category** | **Membership Fee**  | **Please tick** |
| **Swimming Membership**Covers all hearing impaired swimmers regardless of age and hearing siblings under 18 who wish to attend club championships or training weekends. Parents/Guardians will be members if all swimmers are under 18. All families in the club will have 1 vote at AGM which will be a parent/guardian if all swimmers are under 18. Where there are more than one adult swimmer in a family they will nominate who votes. | £50 Includes new GBDSC club cap for hearing impaired swimmers which will be posted to home address.  |  |
| **Elected GBDSC Coaches** | Free |  |
| **Non-Swimming Membership**Any other person who wishes to assist in the running of the club (Subject to club rules)  | Free |  |

**Notes:**

* Deaf swimmers who wish to enter national or local disability events as hearing impaired must have S65/S15 classification, which can only be obtained through membership of this club and submission of an up to date audiogram - please see our website for further details.
* Swimmers must be registered with an affiliated swim club and must inform GBDSC if they are moving club otherwise they will become liable for Swim England fees (currently about £30)
* Any swimmer who wants to be registered as Category 2 (competitive swimmer) with GB Deaf Swimming Club on the Swim England/Scotland/Wales database must complete a dual club form with their main (rank) club. This form must be completed and signed by the rank club Membership Secretary and sent to GBDSC for processing with Swim England.
* Committee members must be members of GBDSC and either Swim England/Scotland/Wales (this will usually be through your child’s rank club)

**Please send:**

* **Completed form (p1 of this document)**
* **A copy of the swimmer’s most recent audiogram, taken in the last 12 months (if the swimmer is already a member of GBDSC and has 2 cochlear implants, then you need not send a recent audiogram.)**

 **To James Joyce, GBDSC Chairman, preferably by** **email,** **or by post to 16 Mayfield Road, Stevenston, North Ayrshire, KA20 4AQ**

**Jim will acknowledge your membership application which will then be processed through the club. Once the application is approved you will receive payment instructions to complete the membership process. Please direct any queries to** **Jim** **by email**