



Confirmation of Commitment Form

Swimmer Name	Date of Birth

The members of the Eckington Swimming Club who are under the age of 18 years have no voting rights at any general meetings of the club, Parents / carers of swimmers under the age of 18 may themselves join the Eckington Swimming Club as associate non swimming members and in doing so that parent / carer will be eligible to vote. Such membership may require a fee payable to the club and the ASA, the cost of which will met by the parent / carer concerned. Further information can be obtained from the clubs Membership Secretary.

The declaration at the bottom of this form should be signed by the swimmer or the parent / carer if the swimmer is under 18 years of age.

Name of Parent / Carer	Address (if different from swimmer)

Additional Emergency Contact Information

This information should be completed together with the ASA membership Forms described above. In case of any emergency, please complete below an alternative name, address and telephone contact details (not those included on the ASA Registration Form) i.e. another family member or a friend, who can be contacted should parents / carers not be available.

Contact Name(s), Address and Telephone Number(s) please include any mobile numbers which may be used in an emergency.	Relationship to member

I acknowledge receipt of the rules of Eckington 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.

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 the Amateur Swimming Association or British Swimming.

Swimmer Signature Date

Parent / Carer Signature

Please return this form to **Carol Newbould – Membership Secretary**