



MARKET HARBOROUGH SWIMMING CLUB



Data Collection Form

Surname _____

Forename _____

Date of Birth _____

Emergency Contact Details:

Emergency Contact _____

Telephone number(s) if different from those on asa form:

Details of one additional person, nominated by the

Parent/Carer _____

Details of any medical condition of which the club should be aware:

Disability Details (Please tick nature of disability):

Ambulant	<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>	Wheelchair User	<input type="checkbox"/>
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Signed _____

Date _____

If under 18 years of age the Person with Legal Responsibility for the Young Person should sign.

Please note – the club is insured under the A.S.A.’s Insurance Policy, which can be seen on the club’s noticeboard.

Market Harborough Swim Club is a registered Data Controller under the Data Protection Act 1998. We hold information for the purposes of administration of membership records, recording competitive swimming times, and certain other functions as assigned by the Amateur Swimming Association (A.S.A.) our governing body. The information we hold may be used by the committee members for the purpose of club duties, the A.S.A. or any other organisation affiliated to the A.S.A., as well as the local council Youth and Community sections.

We will not give information about you to anyone outside the A.S.A, A.S.A affiliated clubs, or the local council unless the law permits us to do so.