Filkins & Broughton Poggs Swimming Club Membership

- Please complete the form IN FULL, incomplete forms may invalidate your insurance cover
- To save time please complete the form before taking it for payment. (Cash or cheque only). PLEASE COMPLETE THE DATA PROTECTION FORM ON THE BACK. IF ABLE PLEASE FILL THE GIFT AID FORM
- You will receive your copy of the club rules and your swimming bands on receipt of form and payment.
- PLEASE PAY BY CARD CHEQUES NO LONGER ACCEPTED due to increased bank charges
- For SWIMMING ABILITY please tick one of the following Beginner/Intermediate/Advanced
- "In Parish" refers to homes within the boundaries of the villages of Filkins and Broughton Poggs.
- A family membership includes two adults and up to six children under18 living at the same address.
- CHILDREN 18 and over require their own membership if both adults in the family intend to visit the pool (regardless of who actually swims in the pool)
- CHILDREN under 18 must be supervised poolside at all times.
- You must wear your membership band at all times when you are within the pool perimeter.

NO BANDS = NO INSURANCE = NO SWIM

Filkins 8	& Bro	ughton F	Poggs	Swimi	ming (Club	- M	embers	hip	form	
								ate for Seaso			
Single In Parish	£30			Single	Out of Pa	arish	£45				
Family In Parish	£45			Family	Out of Pa	arish	£65				
Adult Member 1											
Swimming Ability	Mr/Mrs/Ms/Miss Beginner		First Name Intermediate			Surname					
Own mining / tollity	Dogirii		Intermedia	ato		Nava	11000				
Adult Member 2	Mr/Mrs/Ms/	/Miss	First Name			Surname	9				
Swimming Ability	Beginn	Beginner Intermediate				Adva	nced				
Address 1											
Address 2											
Town											
Postcode											
Telephone											
Email address											
Name - Child 1					Name -	- Child	2 b				
Date of Birth					Date of Birth						
Swimming Ability	Beginner/Intermediate/Advanced			Swimming Ability			Beginner/In	terme	diate/Adva	ınced	
Name - Child 3					Name	-Chil	d 4				
Date of Birth					Date o	f Birth	ı				
Swimming Ability	Beginner/Intermediate		e/Advanced		Swimming Ability		oility	Beginner/Intermediate/Advanced		ınced	
Name - Child 5					Name	-Chil	d 6				
Date of Birth					Date of Birth						
Swimming Ability	Beginn	er/Intermediate	e/Advanced		Swimming Ability			Beginner/Intermediate/Advanced			
Declaration: I have reabide by them at all the address above.											
Signed							Date				
To be completed	d by is	suer									
Location											
Issued by								issued			
Amount received							Card/Cash				

FILKINS & BROUGHTON POGGS SWIMMING CLUB **CONSENT FORM**

Your privacy is important to us and we would like to communicate with you about the Swimming Club and its activities. To comply with changes to Data Protection Law it is essential we have up-to-date consent forms to be able to do so. Therefore, even if we have previously had your contact details, would you please complete the form below and confirm your consent by ticking the relevant boxes

Name	
Address	
Email	
Telephone	
Signature	
Date	
our data from c sted from the F We may con	consent below. You can grant consent to any or all of the purposes listed. You can find out more about how pur Privacy Notice which is available on the village website www.filkins.org.uk/parish- council/policies/ or can Parish Clerk or Councillors. You can withdraw or change your consent at any time by contacting the Parish Clark you to keep you informed about what is going on. These communications may also opear on our website, or in printed or electronic form (including social media).
We may conta	act you about groups and activities you may be interested in participating in.
,	your name and photo in our newsletters, bulletins or on our website, or our social media

Yes please, I would like to receive communications by email For further details on how long we will hold your details or how to remove your details please see our Privacy Notice http://filkins.org.uk/parishcouncil/policies/

GIFT AID

Help support the swimming pool

Gift aid is claimed by The Village Centre - Filkins at no extra cost to yourselves Please let us know below if you want to donate by completing the form below

I want to gift aid my donation - I am a UK taxpayer		YES/NO	
My details if different from overleaf:	Name		
	Address		
	Postcode		
	Date		