



Website Address: www.bridgefieldswimmingclub.com
E-Mail :- generalenquiries@bridgefieldswimmingclub.com
Facebook :- <https://www.facebook.com/bridgefield.swimming.club.halewood>



BRIDGEFIELD SC CLUB MEMBERSHIP FORM 2026

Welcome to the club! In order to ensure we can provide you with a safe and enjoyable experience please complete the details below and submit to the club's Membership Secretary (contact details at end of form). If the new club member is under 18 years of age then please provide contact details for the parent/carer rather than the member.

This membership form should be completed having read the clubs Codes of Conduct and Privacy Policy which are available on the clubs website at:

<https://www.bridgefieldswimmingclub.com/privacy-policy>

<https://www.bridgefieldswimmingclub.com/code-of-conduct-committee>

<https://www.bridgefieldswimmingclub.com/code-of-conduct-parents-guardians>

<https://www.bridgefieldswimmingclub.com/code-of-conduct-coaches>

<https://www.bridgefieldswimmingclub.com/code-of-conduct-under18>

<https://www.bridgefieldswimmingclub.com/code-of-conduct-over-18>

Name	
Date of Birth	
Gender (<i>Please select as appropriate</i>)	<input type="checkbox"/> Male / <input type="checkbox"/> Female / <input type="checkbox"/> Prefer not to say / <input type="checkbox"/> Prefer to self-describe :
Category (<i>For the purpose of competition</i>)	<input type="checkbox"/> Open / <input type="checkbox"/> Female
Telephone	
Email Address (Parent if under 13)	
Address	
Medical Information (<i>Please include any primary and secondary disabilities. All disclosures will be kept confidential and only shared when appropriate to do so</i>)	
Allergies	

Medication			
Emergency Contact 1 (name, number and relationship to member)			
Emergency Contact 2 (name, number and relationship to member) <i>One of these must be a mobile number and not a landline</i>			
Declaration I do / do not give permission for a Coach / Team Manager / other authorised club official accompanying my child to give immediate necessary medical or surgical treatment as directed by the medical authorities. <i>(Please state "do" or "do not" in the box immediately to the right and provide a signature)</i>	Please delete as appropriate: <div style="display: flex; align-items: center; justify-content: center; gap: 10px;"> <input type="checkbox"/> DO / DO NOT <input type="checkbox"/> </div> Signed:		
Ethnicity (I.e. White British / Mixed White & Asian / Black Caribbean etc.)			
Country of international representation			
Additional Information <i>(Please include any information that you believe is relevant to help us provide you with a positive experience. Some examples may include: gender pronouns, reasonable adjustments you require, previous swimming experience or simply a preferred nickname!)</i>			
Is this the only club that the swimmer is a member of? <input type="checkbox"/> Yes/No <input type="checkbox"/>	Other Club(s)		

Category	Description of Membership Category	Swim England Category Description	Swim England Membership Fee (including insurances)	Bridgefield SC/ Regional/ County Fees	Total amount owing for the year 2026
1 <input type="checkbox"/>	Club Train	For individuals in a club who are either learning to swim, or training in any discipline. As a Club Train member you will be able to compete in Low Level Competitions or an event that has an exemption under Swim England regulations.	£11.85	£12.15	£24.00 (with £5.00 reduction for additional siblings)
2 <input type="checkbox"/>	Club Compete	For individuals who are part of a club and looking to compete in any discipline in open competitions.	£37.35	£10.65	£48.00 (with £5.00 reduction for additional siblings)
3 <input type="checkbox"/>	Club Support	For anyone involved in a club who volunteers or is employed by the club, including committee members, officers, Teachers and Coaches as well as any parent members.	£6.80	£12.20	£19.00

The club may wish to take photographs or film individual and groups of members under the age of 18 that may include your child during their membership. All photographs and filming and all use of images will be in accordance with the Swim England Photography and Filming Guidance and the clubs Privacy Policy. The club requires consent to take and use photographs. Parents/Guardians have a right to refuse agreement to their child being photographed. As the parent/guardian please indicate your permission below. Please note you can withdraw your consent at any time should you wish to do so. This must be done in writing to the club Welfare Officer.

As parent/guardian of {insert name of child.....} I am happy for: (confirm yes/no below)

My child's photograph to be used on club (secure) website	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
My child's photograph to be used on club social media platform/s	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Photos to be included in newspaper articles	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Photos taken by professional photographer at events	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>
Filming for training purposes	<input type="checkbox"/>	Yes / No	<input type="checkbox"/>

I confirm that I have read, and agree to abide by the code of conduct and the club policies.

I acknowledge receipt of the rules of BRIDGEFIELD SC 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.

Signature(Parent/Guardian if under 18) Date.....

I (PLEASE PRINT IN BLOCK CAPITALS)..... being the parent/guardian of the above named child hereby give consent to the use of this information by the club for the protection and safeguarding of my child's health. I also give permission for the Coach, Team Manager or other Club Officer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I understand that the club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

Signature(Parent/Guardian if under 18) Date.....

The club will use your personal data for the purpose of yours/your child's involvement in training, activities or competitions with the club. For further details of how we process your personal data or your child's personal data please our Privacy Policy. The Clubs Privacy Policy will be provided alongside this membership form.

If at any time any of the above details change please contact the membership secretary.

Membership Secretary / Club Official Signature	Membership Form Received On :-	Amount Received		
	- - / - - / - - - -	£ .	Cash	<input type="checkbox"/>
		£ .	Cheque	<input type="checkbox"/>