| Application for Water polo | | | | |
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| Applicant Information for Norwich water POLO 2019 | | | | |
| Name: | | | | |
| Date of birth: |  | | | Male/Female: |
| Current address: | | | | |
| County | Post Code: | | | Home Tel. |
| Mobile: | Email: | | | |
| Swimming information | | | | |
| If applicable - Swimming club/s you belong to: | | | | |
| Town | | | | County: |
| Coach: | Tel.: | | | Duration: |
|  |  | | |  |
|  | | | | |
| Emergency Contact | | | | |
| Name of a Partner/relative: | | | | |
| Address: | | | | Town: |
| County: | Post Code: | | | Relationship: |
| Phone No’s.: | | | | |
| other information you might find relEvAnt I.E. iLLNESSES & MEDICATION ETC. | | | | |
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| Payments | | | | |
| Standing order charge of £26 per month payable in advance for half Membership | | | | |
| Standing order charge of £38 per month payable in advance for Full Membership | | | Junior charge of £16 per month | |
| Please inform Richard Peasgood when payments have been made: richard@winsorbishop.co.uk | | | | |
| Bank/BACS payment details: Lloyds Bank PLC | | | | |
| A/C Name: Norwich Water Polo Club | A/C No: 04251038 | | | Sort Code: 30-96-17 |
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| AUTHORISATION | | | | |
| The information I have given is correct and I accept the rules of the Norwich & Thetford Water Polo Club and respective pools in play. I have paid the fees in full and received a copy of this application.  Your information will be stored by NWPC but not shared with any other parties, please sign this box below in order for us to conform with new GDPR (General Data Protection Regulations). | | | | |
| Signature of Player: | | | | Date: |
| Committee Authorization | | | | Date: |

Norwich &Thetford Water Polo Club Affiliated to ASA East Region is committed to a club environment in which all children and young people participating in its activities have a safe and positive experience. In order to achieve this, the club agrees to:

**1.** Adopt and implement the ASA Wavepower 2012/15 policy in full.

**2**. Recognize that all children participating in the club (regardless of age, gender, race, religion, sexual orientation, ability or disability) have a right to enjoy their involvement in water polo in a safe environment and be protected from harm.

**3**. Ensure that those individuals, who work with children in the club, whether paid or voluntary, provide a positive, safe and enjoyable experience for children.

**4**. Appoint a Club Welfare Officer with the necessary skills and training as outlined by the ASA who will take the lead in dealing with all child safeguarding matters raised within the club.

**5**. Ensure that the Club Welfare Officers name and contact details are known to all staff, club members and parents of members.

**6.** The Welfare Officer to be available to discuss issues of concern on matters of safeguarding and deal with such concerns appropriately and in line with Wavepower 2012/15.

**7.** Ensure all those persons who work with children in the club have undertaken the appropriate training and relevant DBS checks and adhere to the required practices for safeguarding children as outlined in Wavepower 2012/15.

**8**. Ensure that all individuals who will be working or will work with children in the club have been recruited in accordance with the ASA Safe Recruitment Policy.

**9**. Ensure that all individuals who work with children in the club have the appropriate training and codes of conduct and good practice to follow in line with the guidance in Wavepower 2012/15.

**10**. Provide all club members and parents of members with the opportunity to raise concerns in a safe and confidential manner if they have a concern about a child’s welfare.

**11.** Ensure that all child safeguarding matters, whether they be concerns about child welfare or protection, are dealt with appropriately in accordance with the guidance for reporting and action in Wavepower 2012/15.

**12**. Ensure that confidentiality is maintained appropriately and in line with the best interests of the child.

**13**. Ensure all papers relating to child safeguarding matters are held in a safe and secure manner. (Norwich Water polo Committee)

**Application for Membership and medical details form**

Name:…………………………………………………………….

Date of Birth:……………………………………………………..

Email: …………………………………………………………….

ASA Number:………………………………………………….…

Address : …………………………………………………………

Postcode:…………………………………………………………

Telephone:………………………………………………………..

Emergency Contact 1 Telephone:

Emergency Contact 2 Telephone:

Membership Type (Tick all that apply) Player Parent Volunteer Committee Coach

Medical Information ………………………

It may be essential, at some time, for the Club Coach, or Team Manager, accompanying your son/daughter to have the necessary authority to obtain urgent treatment which may be required, whilst at a competition with Norwich & Thetford Water Polo Club. Would you, therefore, please complete the details on this form and sign at the end to give your consent.

Please tick **Yes** or **No** as appropriate and complete further details as necessary.

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities. Do you consider this member to have an impairment **Yes or No**

If yes, what is the nature of their disability? Please tick.

Visual Impairment

Learning disability

Hearing impairment

Multiple disabilities

Physical disability

Other (please specify)

Medical Information Please detail below any important medical information that our club need to know such as: allergies, medical conditions e.g. Asthma, epilepsy, orthopedic problems, any current medication, special dietary requirements or/any injuries. ……………………………….

Name of member’s doctor and surgery Doctors telephone number …………………………………………….

I, being the parent/carer of the above named child hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where I would be contrary to my son/daughter’s interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signed

(By parent/guardian for members under 18 yrs)