



## FREE TRIAL SESSIONS

**We are pleased to offer your child 3 weeks free training with us. After this period, your child will need to register with the ASA and complete a club membership form if they wish to continue to train with us.**

### To be completed by the parent / guardian

<b>Childs Full Name</b>	
<b>Date of birth</b>	
<b>ASA Registration (if known)</b>	
<b>Preferred email address</b>	
<b>Mobile number (to be used to invite you to Heja, the app used to book places on our sessions). You can edit your privacy settings within the app.</b>	
<b>Medical conditions that we should be aware of; including any regular medication taken. (Please use separate sheet if needed)</b>	
<b>Emergency Contact 1</b>	Number:  Name:
<b>Emergency Contact 2</b>	Number:  Name:

***"I acknowledge receipt of the rules of Sedgefield Water Polo 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." Please also refer to our Code of Conduct (on reverse).***

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

***I hereby give permission for the Coach/Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities.***

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

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All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to coaches on a need to know basis. If the above details change at any time, please contact the membership secretary.