



[www.hytheaqua.org.uk](http://www.hytheaqua.org.uk)

**2011/2012 MEMBERSHIP APPLICATION - (ALL SECTIONS)  
SUBSCRIPTION RATES DUE FROM 1<sup>ST</sup> JULY 2011 – 30<sup>TH</sup> JUNE 2012**

- ADULT (18 years and over) £25.00
- JUNIOR (under 18 years) £22.00
- STUDENT MEMBERSHIP £22.00
- STUDENT MEMBERSHIP (Residing outside Kent - £10)
- \*FAMILY MEMBERSHIP £48.00  
(Ages as at the 1st July 2011)

**\*TERMS OF MEMBERSHIP ARE IN ACCORDANCE WITH THE HYTHE AQUA CONSTITUTION**

Mr/Mrs/Miss ..... D/O/B .....

SURNAME ..... FIRST NAME .....

ADDRESS.....

POSTCODE..... TELEPHONE .....

**EMAIL ADDRESS** .....

ARE YOU A MEMBER OF ANOTHER CLUB ? YES/NO (IF YES PLEASE GIVE DETAILS)  
.....

**\*FAMILY MEMBERSHIP (Please state number of adult and junior members giving name and date of birth of each family member)**

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**PLEASE NOTE ALL JUNIOR MEMBERS MUST COMPLETE A PARENTAL CONSENT FORM (See Reverse).**

SIGNED ..... DATE .....

\*When signing this form you agree to abide by the Constitution of Hythe Aqua – copy of the Club Constitution available from [www.hytheaqua.org.uk](http://www.hytheaqua.org.uk)

**COMPLETED FORM TO BE RETURNED TO:  
Hon Secretary, Wingate, Teddars Leas Road, Etchinghill, Kent CT18 8DA**

**Please Tick the Activities that you take part in:**  
Teaching | Squads | Water Polo | Synchro | Masters

**FOR OFFICE USE**

Date	Fee Paid	Accepted Initials	Parental Consent Form Completed	Water Tested	ASA Cat

# HYPHE AQUA

## Dear Parents

### Your Child in an Emergency

From time to time it may be necessary to seek medical help for your child in the event of an accident or sickness, and if we are unable to contact you we need to have your permission before any medical treatment can be given.

It would, therefore, be helpful if you would complete the details below and return the form to the club: -

Name of Child..... Date of Birth .....

Address and telephone number of parent (home and work)

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Name, address, telephone number and relationship (ie Grandparent, Aunt, etc) of anyone who can be contacted if parent is unavailable.

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Please add below any information which you think might be of help in an emergency, such as allergic to plaster, liable to convulsions, asthmatic etc. If your child has any additional needs or suffers from any condition that the teachers and coaches should be aware of, please include below.

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In the event of an accident or sickness, I agree to the administration of an anaesthetic or any medical treatment, which a Doctor may deem necessary.

Date ..... Signed .....  
Please state whether parent or guardian

Address .....

.....

Telephone Number .....

**Please inform us if you DO NOT give permission for your child to be photographed to appear in the local newspaper or club publications.**