



Hatfield Swim Centre

Application for Membership

From 1st December 2025 to 31st December 2026

Please complete Part A (all applicants) and B overleaf (disabled members only).

1966 to 2026 - Celebrating 60 years of Platypus Swimming Club

PART A

Full Name (Mr, Mrs, Miss, Ms or title).....

Date of Birth. .. / .. / If Applicable DBS(CRB) No:.....

Address..... Post Code.....

Telephone Number/s: Land Line..... Mobile.....

E-mail (please write clearly)

Please tick if you are a tax payer and wish to gift aid your membership payment.

I acknowledge receipt of a copy of the Club Rules and Policies*¹ and agree to abide by them.
[These can be found on the Club's website <https://www.platypusswimmingclub.co.uk/about-us/> or paper copies are available at the pool.]

Signed*¹..... Date.

If you are under 18 years old*² your parent or guardian must give permission for you to swim at Club sessions and authorise the Committee to help provide any medical or hospital treatment which may be required in an emergency.

Name of parent or guardian.....

I agree for to join the Platypus Club

Signed..... Date.....

*¹ By signing this Membership Form you also consent for your information inclusive medical details to be provided to the Membership Secretary to retain for Platypus records in accordance with the General Data Protection Regulation 2018 (GDPR) & the Platypus Club Data Protection Policy. This information will be retained all the while you remain a Member of the Club. We will not disclose personal information about you to any other third party unless required to do so by law.

Also the Club practises a child and vulnerable person's protection policy and abides by the Home Office Disclosure and Barring Service (DBS) Code of Practice – re Member/Volunteer Helper Acceptance Criteria overleaf.

*² May also apply to adults over 18 years old depending on level of disability.

PART B.

Do you suffer from epilepsy? (tick if yes)

Do you suffer from diabetes? (tick if yes)

Do you have any allergies? (tick if yes)

If yes, please specify.....

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List all other disabilities

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List all medications you take.

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Please provide an emergency contact

Name.

Telephone number.

Name and address of doctor.

Member/Volunteer Helper Acceptance Criteria

As a registered charity using the Home Office Disclosure and Barring Service (DBS) to assess applicants' suitability for positions of trust, the Platypus Club complies fully with the DBS "Code of Practice" and undertakes to treat all member/volunteer helpers applicants fairly, regardless of race, gender, religion, sexual orientation, responsibilities of dependants, age, physical/mental disability or offending background.

For reference purposes, the Club holds a copy of the DBS Code of Practice at the Swim Centre. Also copies are obtainable from the DBS web site.

Having a criminal record will not necessarily bar a person from becoming a Club member/volunteer helper. This will depend on the circumstances and background of the offences.