

# Welcome to South Downs Trojan Swimming Club

## Membership Booklet

Dear Member,  
Welcome to South Downs Trojan Swimming Club.

We hope you will enjoy your time with Trojans through training sessions, swim meets and social events. This booklet outlines useful information for those joining our club. Please do not hesitate to ask any committee member or coach if you have any further questions.

A full list of committee members and coaching staff can be found on our website: <https://southdownstrojansc.weebly.com/>

Committee emails:

**Chairman:** Michael Spoor [trojan.swimmingclub@gmail.com](mailto:trojan.swimmingclub@gmail.com)

**Secretary:** Jo Corben [trojanswimclub.secretary@gmail.com](mailto:trojanswimclub.secretary@gmail.com)

**Treasurer:** Claire Tagg [trojanswimclub.treasurer@gmail.com](mailto:trojanswimclub.treasurer@gmail.com)

**Membership:** Steph Baron [trojanswimclub.membership@gmail.com](mailto:trojanswimclub.membership@gmail.com)

Communication

The club will primarily use WhatsApp to pass information on training, pools and swim meets as well as any other information needed by members. Emails will also be sent out to communicate with members directly where relevant.

Membership Application Form

To apply, please complete the form below (last 3 pages of this booklet) and return by email to the Membership Secretary [trojanswimclub.membership@gmail.com](mailto:trojanswimclub.membership@gmail.com).

Please note the Membership form needs to be signed (a scanned/photograph version will be sufficient).

The relevant Membership, Squad and Swim England fees must be paid upon application. I hope you enjoy the social and competitive aspects of our friendly swimming club.

Kind Regards,  
 Michael Spoor  
 Chairman

## Trojan Membership

### There are Two Membership types:

- **Trojan Masters Squad Member**

Swimmers must be **18 years** and over.

This membership includes Pool sessions and Coach time as detailed below.

- **Trojan Affiliated Member**

Swimmers must be **18 years** and over.

This membership allows swimmers who train independently or remotely to still be part of the team and compete at Swim England affiliated competitions. This membership does not include any Pool or Coach time.

### **SKILLS SQUAD**

#### **Coach: Tony Corben**

Open to over 18-year-olds with no prior experience of club or competitive swimming required who are looking to improve their swims skills and/or general fitness.

### **COMPETITIVE SQUAD**

#### **Coach: Tony Corben**

Selection to this squad is at the coach's discretion.

Over 18yrs masters swimmers who would like to compete and/or improve fitness in a coached environment.

### **POOL TIME**

<b>Day</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>Pool</b>	Brune Park College	Gosport Leisure Centre		Ravelin Sports Centre	Gosport Leisure Centre		Ravelin Sports Centre
<b>Time</b>	8:15pm-9:15pm	8:00pm-9:00pm		8:30pm-9:30pm	8:00pm-9:00pm		1730-1830 (1830-1900 optional starts/turns)
<b>Squad</b>	Skills & Competitive	Skills & Competitive		Skills & Competitive	Competitive only		Skills & Competitive

### **CLUB FEES**

**Joining Fee:** An initial one-off joining fee of £20 is required on joining.

## SQUAD FEES

Sessions per week	Monthly Fee	Reference
4	£71.50	Payment Ref: <b>SWIMMER'S NAME/Masters4</b>
3	£60.50	Payment Ref: <b>SWIMMER'S NAME/Masters3</b>
2	£44.00	Payment Ref: <b>SWIMMER'S NAME/Masters2</b>
1	£22.00	Payment Ref: <b>SWIMMER'S NAME/Masters1</b>
**Squad retention Fee per month	£5.00	The retention fee (See note below **) Payment Ref: <b>SWIMMER'S NAME/Retention</b>

Note:

- All fees are payable by the 2nd day of each month. A monthly transfer to the South Downs Trojan Swimming Club bank account should be setup.
- Payments must be in advance. **You will not be allowed to attend until you have paid the monthly fee.**
- A one month notice of cancellation should be provided to the Secretary or Chairman in writing (email).

\*\* Squad retention Fee

- The retention fee is a reduced rate for members who cannot attend any of the sessions during a month due to long term injury, illness, maternity, being away as part of the armed forces etc. This will maintain your club membership and space within your squad.
- To apply, please send an email outlining your reasons to the Secretary or Chairman giving at least 2--weeks notice.
- The retention fee applies to a full calendar month.
- Payment should be made to South Downs Trojan Swimming Club via a bank transfer before the 2nd day of each month.
- Failure to pay the fee when away will result in the swimmer losing their membership. The swimmer will need to re-join the club and pay the full joining fee.

## SWIM ENGLAND Membership

All Trojan Members **MUST** have Swim England affiliation which is required before training with the club for insurance purposes. This affiliation is processed by the club on the

swimmers' behalf with fees below payable on joining.

The Swim England membership runs annually from January to December. Swim England is likely to discount fees for swimmers joining for the final two month of the year, if joining after 31 Oct please enquire through the membership secretary before transferring fees.

The Swim England fees are shown below: -

<b>Category</b>	<b>Description</b>	<b>2024</b>
Cat 1 – Club Training	This is for individuals who are part of a club and are swimming at any level within the club network. Not for people who intend to swim in competitions.	<b>£18.00</b>
Cat 2 – Club Compete	Individuals who want to compete in competitions not exempted under Swim England law. This is the majority of masters competitions in the UK, excluding the annual Hampshire County Championships.	<b>£41.00</b>
Cat 3 – Club Support	This is for non- active swimming individuals who are involved in a club who are not covered by categories one and two, such as volunteers, coaches and teachers.	<b>£6.00</b>

**Club Account Details:**

Account Name: South Downs Trojan Swimming  
Club Bank: Lloyds  
Account No: 49057560  
Sort Code: 309009

**Please reference payment as:**

For Swim England fees: **SWIMMER'S NAME/  
SE FEE**

For one off joining fee: **SWIMMERS NAME/JOINING**

For joining squad membership fee: **SWIMMER'S NAME/ SQUAD**

For joining affiliated membership fee: **SWIMMER'S NAME/ AFFILIATE**

Please direct any queries regarding the fees to either the Treasurer or Membership Secretary.

# Trojan Membership Form

Please complete the details below in BLOCK CAPITALS.

Full Name		Title: Mr Miss Mrs Ms Dr	
Date of Birth	Gender <i>(Please see swim England policy below)</i>		
Swimmer's Postal Address <i>(Including postcode)</i>	Swim England No. (If known)		
	Are you a member of another swimming club?		<i>If yes, which Club?</i>
Trojan Membership <i>(Please select Membership)</i>	<input type="checkbox"/> Trojan Affiliated Member	Swim England Category <input type="checkbox"/> CAT1/Train <input type="checkbox"/> CAT2/Compete <input type="checkbox"/> CAT3/Support  Country of representation: .....	
	<input type="checkbox"/> Competitive – 5 sessions per week <input type="checkbox"/> Competitive – 4 sessions per week <input type="checkbox"/> Competitive – 3 sessions per week <input type="checkbox"/> Competitive – 2 sessions per week <input type="checkbox"/> Competitive – 1 session per week		
	<input type="checkbox"/> Skills – 3 sessions per week <input type="checkbox"/> Skills – 2 sessions per week <input type="checkbox"/> Skills – 1 session per week		
Email Address <i>(Required by Swim England)</i>		<input type="checkbox"/> Home <input type="checkbox"/> Work	
Primary Telephone Number <i>(Mobile)</i>		<i>You will be added to the Trojan Masters and relevant Squad WhatsApp groups. If you do not wish to be added to these groups, please tick here <input type="checkbox"/>.</i>	
Primary Emergency Contact	Name: Relationship:	Mobile No.	

Secondary Emergency Contact	Name: Relationship:	Mobile No.
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## SWIM ENGLAND TRANSGENDER AND NON-BINARY POLICY

This policy can be provided in full on request to the Membership Secretary, or on the Swim England website at [www.swimming.org](http://www.swimming.org).

*3.5 As competition with the potential to provide times for rankings, 'fairness of competition' must be prioritised. Therefore, competition must be required to provide Female and Open categories.*

*These are defined as follows:*

***Female*** – Athletes with a birth sex of female.

***Open*** – Athletes with a birth sex of male, trans or non-binary competitors and any competitor not eligible for the female category.

*3.6 Any COMPETITOR intending to compete within the female category will be required to provide confirmation that their birth sex is female.*

*3.7 Any trans or non-binary competitors intending to compete within the Open category should remain aware of the anti-doping criteria detailed in 8.1.*

*8.1 All COMPETITORS should be aware they may be subject to doping control testing as per the UK Anti-Doping Rules. The use of hormones in most cases contravene the World Anti-Doping Agency Code and therefore any TRANS or NON-BINARY COMPETITORS using hormones for the purpose of gender reassignment are encouraged to contact UK Anti-Doping to determine whether they are required to apply for a Therapeutic Use Exemption.*

### Photograph Consent

The club may wish to take photographs of individuals and groups of swimmers. All photographs will be taken and published in line with the SE Photography Policy. The club requires consent to take and use photographs. Individuals have a right to refuse agreement to being photographed. Please indicate your permission below. Please note you can withdraw your consent in writing to the club ([trojanswimclub.membership@gmail.com](mailto:trojanswimclub.membership@gmail.com)) at any time should you wish to do so.

Photos to be used on club (secure) website	Yes No
Photos to be included in newspaper articles	Yes No
Photos taken by professional photographer at events	Yes No
Filming for training purposes	Yes No

### Social Media Consent

The club would like your consent to add you to our social media.

Facebook	Yes No
Instagram	Yes No

# Medical Information Form

Please delete “Yes” or “No” as appropriate and complete further details as necessary

Name of Member	Date of Birth
<p>The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a ‘substantial’ and ‘long term’ negative effect on his or her ability to carry out normal daily activities.</p>	
Do you consider yourself to have an impairment <small>Please select Yes or No</small>	Yes or No
<p>If Yes, what is the nature of their disability?  <small>Please Select Yes or No</small></p> <p>Visual impairment: Yes or No            Learning disability: Yes or No            Hearing impairment: Yes or No            Physical disability: Yes or No            Multiple disability: Yes or No            Other (please specify): Yes or No</p>	
<p><b>Medical information</b>            Please detail below any important medical information that our organization needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.</p>	
Name of members doctor and Surgery	
Doctor’s phone number	

## Medical Authorization

It may be essential at some time for the Club Coach or Team Manager, accompanying the member, to have the necessary authority to obtain any urgent treatment. Please provide your consent in the form below.

**I (PLEASE PRINT IN BLOCK CAPITALS)**

\_\_\_\_\_ hereby give permission for the coach or Team Manager or authorized person accompanying the member to give the immediate necessary medical or surgical treatment as directed by medical authorities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Data Protection

I understand that, in compliance with the Data Protection Act 2018, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of South Downs Trojan Swimming Club.

Information will not be kept once a person is no longer a member of South Downs Trojan Swimming Club. The information will be disclosed only to those of the organization for whom it is appropriate and relevant office of the Amateur Swimming Association or British Swimming.

**Acknowledgement**

The Member acknowledges that the Rules outlined in the South Downs Trojan Swimming Club constitution constitute a legally binding contract to regulate the relationship of the members with each other and the Club.

**I (PLEASE PRINT IN BLOCK CAPITALS)**

\_\_\_\_\_ acknowledge receipt of the rules of South Downs Trojan Swimming Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the South Downs Trojan Swimming Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

Signature \_\_\_\_\_ Date \_\_\_\_\_