# Training Sessions

The following training times are designed to ensure the most efficient use of both coaching time and pool availability.

**Development and Bronze Squads**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Time** | **Notes** | **Location** |
| Monday | 6-7pm |  | Leisure Bowl |
| Saturday | 7-8:30am | Bronze Squad | Leisure Bowl |
| Sunday | 5:30-6:30pm |  | Leisure Bowl |

**Silver Squad**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Time** | **Notes** | **Location** |
| Monday | 6-7.30pm |  | Leisure Bowl |
|  | 7.30-8pm | Land training | Leisure Bowl |
| Wednesday | 6-8pm |  | Tulliallan |
| Friday | 6:30-7:30am |  | Leisure Bowl |
| Saturday | 7-8:30am |  | Leisure Bowl |
| Sunday | 6:30-7:30pm |  | Leisure Bowl |

**Gold Squads**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Time** | **Notes** | **Location** |
| Monday | 6:30-7:00pm | Land training | Leisure Bowl |
|  | 7-9pm |  | Leisure Bowl |
| Tuesday | 6-8pm |  | Tulliallan |
| Wednesday | 6-7:30am | A & B Squads | Leisure Bowl |
|  | 6-8pm |  | Tulliallan |
| Friday | 6:30-7:30am |  | Leisure Bowl |
| Saturday | 6:30-8:30am |  | Leisure Bowl |
| Sunday | 5:30-7:30pm |  | Leisure Bowl |

# Fee Structure

The club is an amateur, voluntary, not-for-profit Club managed by a committee of parents and coaches and as a club that is entirely self-funded, it’s vital that monthly fees are set at the correct level, in order to cover the major costs of pool hire and coaching.

Swimmers pay according to the squad they are in and not how many sessions they are able/choose to do. The committee is conscious that many families have more than one swimmer at the club and have agreed to leave the additional swimmer discounts in place as detailed above. Additionally, at any time, should anyone have difficulty in making their payments, please speak to a committee member in confidence.

Fees cover the following:

* West District affiliation at £2.50 per person
* Club Membership at £25 per person
* Pool hire/Lifeguards / Coaches Expenses

Effective from 1st September 2018:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Squad** | **Sessions per week** | **Monthly 1st Swimmer** | **Monthly 2nd Swimmer** | **Monthly 3rd Swimmer** | **Monthly 4th Swimmer** |
|  |  | **100%** | **75%** | **66%** | **50%** |
| **Gold A** | 7 | £ 55.00 | £ 41.25 | £ 36.30 | £ 27.50 |
| **Gold B** | 7 | £ 55.00 | £ 41.25 | £ 36.30 | £ 27.50 |
| **Gold C** | 6 | £ 50.00 | £ 37.50 | £ 33.00 | £ 25.00 |
| **Silver** | 5 | £ 45.00 | £ 33.75 | £ 29.70 | £ 22.50 |
| **Bronze** | 3 | £ 35.00 | £ 26.25 | £ 23.10 | £ 17.50 |
| **Development** | 2 | £ 28.00 | £ 21.00 | £ 18.48 | £ 14.00 |
| **Fitness** | 2 | £ 28.00 | £ 21.00 | £ 18.48 | £ 14.00 |
| **Masters** | 2 | £ 28.00 | £ 21.00 | £ 18.48 | £ 14.00 |

**Alloa ASC Account details: Sort Code: 80-05-28 Account Number: 00119893**

Fees are generally paid on the 1st of the month by standing order. It is the responsibility of the swimmer/parent to ensure that correct payments are being made.

**Scottish Amateur Swimming Association** (SASA) is our governing body. The Membership year runs from 1st March until the last day of February. All swimmers pay an annual fee to SASA prior to the end of February every year. SASA members receive insurance cover which includes Public Liability cover, Employer’s Liability and Personal Accident Insurance. Additionally, support and advice on club governance is available, along with membership check, and networking, training and participation opportunities.

|  |  |
| --- | --- |
| **Membership Fees 2019-2021 – Annual Fee** | |
| **Category** |  |
| Swimmer Apr-Aug | 100% of annual fee £45.00 |
| Swimmer Sep-Dec | 60% of annual fee £27.00 |
| Swimmer Jan-Mar | 25% of annual fee £11.25 |
| Non-Swimmer | £10.00 |
| Temporary Membership | £10.00 |

* Fees for volunteers, Technical Officials & Coaches are met by the Club

# FORMS

**The following forms must be completed and returned to the club on the next training session your child attends.**

**The Standing Order Mandate should be given to your bank, or can be set up online**

# Alloa ASC

# Contact and Medical Details

To ensure that the Club complies with Child Protection requirements, please complete and return the following form, on your child’s next swimming session.

The information contained in this form will be stored by our Child Protection Officer (CPO) but may be shared with your child’s squad coach if necessary.

**Swimmer details**

|  |  |
| --- | --- |
| **Full Name of Swimmer** |  |
| **Date of Birth** |  |

# Home Contact Details

|  |  |
| --- | --- |
| **Next of Kin** |  |
| **Address** (incl. post code) |  |
| **Home Telephone** |  |
| **Mobile** |  |
| **Email** |  |

**Additional Emergency Contact (If Home Contact Unavailable)**

|  |  |
| --- | --- |
| **Name** |  |
| **Relationship to Swimmer** |  |
| **Home Telephone** |  |
| **Mobile** |  |

# Medical Information

Any medical Conditions which might affect training or be affected by training (please state ‘none’ if necessary):

...................................................................................................................................................

...................................................................................................................................................

...................................................................................................................................................

**Allergies:**

Does your child suffer from any allergies that the Club should be aware of?

……………………………………………………………………………………………………………………………………………………………………………………………………………………………................................................................................................................................................

**Medication:**

If your child takes any medication that you think the coaching staff need to be aware of please indicate such medication below

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………........................................................................................................................................

Coaches recommend that children, who are required to carry medication with them, bring it onto poolside at training sessions. For example inhalers for asthmatics

# Details of Parent/Guardian

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Relationship to swimmer:** |  |
| **Date:** |  |

# Photography/Videoing

Alloa ASC regularly sends press reports into the local newspapers highlighting swimmers’ achievements, often supported with photographs of the swimmers. Coaches also seek permission from the Meet Management at competitions to photograph or video our swimmers at competitions. For coaching purposes we may also video swimmers. Photographs are displayed on our website and notice board, and we also have a photo album of our swimmers.

Should you wish your child to not be photographed please indicate so below. By signing below, you give your permission for us to photograph and video your child for the reasons outlined above.

To allow my child to be photographed for press photo album or website purposes:

I give my permission\*: Yes No

To allow my child to be videoed in the pool for coaching purposes only:

I give my permission\*: Yes No

\* Please tick relevant box

|  |  |
| --- | --- |
| **Signature:** |  |
| **Name:** |  |
| **Relationship to swimmer:** |  |
| **Date:** |  |

# Alloa Amateur Swimming Club

**Bank Standing Order**

To the Manager………………………………………………………., Bank,plc,

Branch Address…………………………………………………………………..

……………………………………………………………

Postcode ……………………………

Commencing the First day of …………….……..,20…………., please pay monthly, until this order is cancelled in writing, to

Bank of Scotland plc, Mar Street, Alloa.

Sorting code **80-05-28** A/C No. **00119893**

For the credit of **Alloa Amateur Swimming Club**, the sum of:

£\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name[s]……………………………………………………………………………

[Ref Swimmer(s) name(s)]

A/CNo………………………………………………………………………………

A/CName(s)………………………………………………………………………

Address……………………………………………………………………………

……………………………………………………………

Postcode ……………………

Signature(s)…………………………………………………………………………

Date…………………………………………………………………………………

This order cancels any previous Standing Orders from my account relating to A/C No 00119893