

Club stamp

PARTICIPANT DETAILS

Under 18s



TASTER SESSION NAME & LOCATION	
INSTRUCTOR	
DATE	TIME

PERSONAL DETAILS

FORENAME	SURNAME	
SURNAME		
ADDRESS		
POSTCODE		
EMAIL		
D.O.B	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
TELEPHONE		
MOBILE		
EMERGENCY CONTACT & TEL NO.		

ADDITIONAL DETAILS

HOW WOULD YOU DESCRIBE YOUR CHILDS ETHNIC ORIGIN?		
WHITE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	AFRO-CARIBBEAN <input type="checkbox"/>
AFRICAN <input type="checkbox"/>	CHINESE <input type="checkbox"/>	
OTHER (please specify)		
WOULD YOU CONSIDER YOUR CHILD TO BE DISABLED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
SCHOOL YEAR		
OTHER HOBBIES		

MEDICAL DETAILS (for Centre information)

DOES YOUR CHILD HAVE ANY SPECIFIC MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT AND/OR MEDICATION?	
NO <input type="checkbox"/>	YES <input type="checkbox"/>
IF YES, PLEASE SPECIFY	
DO THEY HAVE ANY ALLERGIES?	NO <input type="checkbox"/> YES <input type="checkbox"/>
IF YES, PLEASE SPECIFY	
PLEASE PROVIDE DETAILS OF SPECIAL REQUIREMENTS, TREATMENT AND/OR MEDICATION THAT YOU DO NOT GIVE PERMISSION TO RECEIVE FOR YOUR CHILD.	

PARENT/GUARDIAN DETAILS (to be signed for members under 18 years)

TITLE	FORENAME
SURNAME	
ADDRESS	
	POSTCODE
EMAIL	
TELEPHONE	MOBILE

CAPABILITIES

CAN YOUR CHILD SWIM 50M?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES YOUR CHILD HOLD ANY RELEVANT QUALIFICATIONS AND EXPERIENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
PLEASE PROVIDE DETAILS		

DECLARATION & PARENTAL CONSENT

I confirm that I understand the details of the activity and consent to **my child** taking part in the activities indicated. I acknowledge that the club will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child*. A non-SLSGB member can participate in up to 3 taster sessions in a calendar year and still be covered by SLSGB's insurance. I understand that the club has a common law duty to act in the capacity of a reasonably prudent parent and therefore may prevent **my child** from participating in activities for which they are not considered capable.

I hereby give permission for the club to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to **my child's** interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

I hereby give permission for SLSGB representatives e.g. Trainers/Coaches to photograph/video **my child** during their involvement in the activities. I understand that these may be used for publication.

SIGNATURE (CONSENT BY PARENT/GUARDIAN)

As a member of Surf Life Saving GB, I look forward to receiving news about the activities and events available to me via post, email, telephone and text.

DATE

REMITTANCE DETAILS

Membership runs from 1st January until 31st December each year

ACTIVITY (IF APPLICABLE)	£	<input type="checkbox"/>
SLSGB MEMBERSHIP	£	<input type="checkbox"/>
CLUB MEMBERSHIP	£	<input type="checkbox"/>
RECEIPT NUMBER:		