

Club stamp

FREE TASTER SESSION APPLICATION FORM



FULL CLUB NAME
(where applicable)

MEMBERSHIP NO.

PERSONAL DETAILS

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

ADDITIONAL DETAILS

COMMITTEE POSITION (where applicable)

HOW WOULD YOU DESCRIBE YOUR 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 YOURSELF TO BE DISABLED? YES NO

OCCUPATION

OTHER HOBBIES

MEMBERSHIP DETAILS (age on date of joining SLSGB)

NIPPER (5 – 12 years) <input type="checkbox"/>	YOUTH (13 – 17 years) <input type="checkbox"/>	SENIOR (18+ years) <input type="checkbox"/>
SOCIAL (18+ years) <input type="checkbox"/>		

For insurance reasons Nippers cannot join until their fifth birthday.

DECLARATION (for all members)

I agree to abide by the rules of my club and, of SLSGB including the codes of conduct and child welfare policy & procedures.

SLSGB holds the enclosed information in accordance with the Data Protection Act 1998 and where appropriate, may share this information with the RNLI under the terms of the Strategic Partnership. Please tick the box if you are happy for this information to be shared with the RNLI.

Please tick the box if you are happy for this information to be shared with our training partners.

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.

SIGNATURE (MEMBER)

DATE

MEDICAL DETAILS (for Club information)

DO YOU HAVE ANY SPECIFIC MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT AND/OR MEDICATION?

NO YES

IF YES, PLEASE SPECIFY

DO YOU HAVE ANY ALLERGIES?

NO YES

IF YES, PLEASE SPECIFY

PLEASE PROVIDE DETAILS OF SPECIAL REQUIREMENTS, TREATMENT AND/OR MEDICATION THAT YOU **DO NOT** GIVE PERMISSION TO RECEIVE.

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

TITLE	FORENAME
SURNAME	
ADDRESS	
POSTCODE	
EMAIL	
TELEPHONE	
MOBILE	

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*. 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. Team Manager 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)

DATE

REMITTANCE DETAILS

Membership runs from 1st January until 31st December each year. No one person is allowed to attend more than 3 taster sessions without becoming a full member.

PAID (for Club use)

FREE TASTER SESSION	Date of taster session DD/MM/YY
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Making Membership Go Much Further

I would like to Gift Aid this donation. For every UK taxpayer* paying for a membership (including parents completing the form on behalf of a child) Gift Aid enables us to boost the value, and it won't cost you a penny.

* To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the (basic rate) tax that the charity reclaims on your donations in the appropriate tax year.