

Graduate Lifeguard Programme

Participant Sign-up form



Participant details

Full name: _____

DOB: _____

Age: _____

Name of Surf Life Saving Club: _____

Address: _____

*Email address: _____

Parent email address: _____

Sign & date: _____

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

*A Graduate email address is required to gain online access to Myagi learning zone

Parent/Guardian details

Full name: _____

Relationship to participant: _____

Daytime contact number: _____

Evening contact number: _____

Address (if different to participant address): _____

Parent/ Guardian consent: (Please tick)

- I confirm that I understand the details of the Graduate Lifeguard Programme 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 necessary authority on my behalf for any emergency 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 incurred whilst seeking my personal consent.
- I hereby give permission for SLSGB representatives e.g. Programme Leader or Club Manager to photograph/video my child during their involvement in the activities. I understand that these may be used for publication.

Sign and date _____

Participant medical details

Does the participant have any specific medical conditions requiring medical treatment and/ or medication? (Please circle) No / Yes
 If yes, please specify

Do they have any allergies? (Please circle) No / Yes
 If yes, please specify

Please provide details of special requirements, treatment and/or medication that you do not give permission for the participant to receive.

Your personalised programme details

GLP Club Leader name

Minimum requirement

GLP Year one		£35 enclosed	
GLP Year two		£35 enclosed	
GLP Year Three		£35 enclosed	
SLSGB membership		£25 enclosed	
		Already a member?	
Duke of Edinburgh BRONZE Award			
Duke of Edinburgh SILVER Award			
Duke of Edinburgh GOLD Award			

For any Graduates wishing to complete DofE awards, these must be registered and paid for separately. Contact Mark Turner for further details. mturner@slsqb.org.uk

Duke of Edinburgh BRONZE Award***		£17 enclosed	
Duke of Edinburgh SILVER Award***		£17 enclosed	
Duke of Edinburgh GOLD Award***		£23 enclosed	

Founded 1955, Chief Patron: H.R.H. The Duke of Edinburgh K.G., K.T.

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