

Membership Form



Please return form to:

Melissa Casey – Membership Secretary

[melissacasey@hotmail.co.uk](mailto:melissacasey@hotmail.co.uk)

tel. 7793949367



**MEDICAL DETAILS (for Centre information)**

|  |
| --- |
| FULL CLUB NAME  (where applicable) |
| MEMBERSHIP NO. |

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

**PERSONAL DETAILS**

NO YES

IF YES, PLEASE SPECIFY

DO YOU HAVE ANY ALLERGIES?

|  |  |  |
| --- | --- | --- |
| TITLE | FORENAME | |
| SURNAME | | |
| ADDRESS | | |
|  | | |
| POSTCODE | | |
| EMAIL | | |
| D.O.B | MALE | FEMALE |
| TELEPHONE | | |
| MOBILE | | |
| EMERGENCY CONTACT & TEL NO. | | |

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 | |

# ADDITIONAL DETAILS

|  |  |  |
| --- | --- | --- |
| COMMITTEE POSITION (where applicable) | | |
| HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN? | | |
| WHITE | ASIAN | AFRO-CARIBBEAN |
| AFRICAN | CHINESE |  |
| OTHER (please specify) | | |
| WOULD YOU CONSIDER YOURSELF TO BE DISABLED? | YES | NO |
| OCCUPATION | | |
| OTHER HOBBIES | | |

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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Membership fees. | | | |  |
| Youth Members 16 years and under |  | £60 | | |
| Full Senior membership, 17years and over |  | £80 | | |
| Senior members –volunteer, admin, fundraiser, comp. helper.  Non-competitive, swimming, circuits only. | | | £60 | |
| Family membership- minimum 2 adults + 2 under 16 – 10% discount | | | | |
| Club Supporter £20 Life Members - £25 if competing | | | | |
| 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. (Documents available at [www.slsgb.org.uk](http://www.slsgb.org.uk/) or upon request). | | | | |
| 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 | | | | |

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**

|  |  |  |
| --- | --- | --- |
| Cheques payable to Portreath SLSC. |  | **PAID (for Centre use)** |
| CLUB MEMBERSHIP FEE | **£** |  |
| Payment by BACS preferable | A/C 00174435 | Sort 30 97 00 |
| Use your name as reference rrereference | Email Melissa confirming | payment |

Send your completed form to the Membership Secretary.

Date Paid:

# Making Membership Go Much Further

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### Gift Aid:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amat Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that o taxes such as VAT and Council Tax do not qualify. I understand that the Charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

**Please treat as Gift Aid donations all qualifying gifts of money made:** *Please tick all boxes you wish to apply*

### Now, in the past 4 years & the future 

### Now & in the future 

**Now** 

**None, my tax circumstances do not fulfil the criteria** 

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Registered Office: Buckland House, Park 5, Harrier Way, Sowton industrial Estate, Exeter, EX2 7HU. Charity No: 1015668. Scottish Charity No: SC042339. VAT Reg No 142 2439 93.

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