

# EFDS Template 01 – Club Membership Form.

## INSERT OWN CLUB NAME & LOGO

Please complete **ALL** of the form below and over in **BLOCK CAPITALS** and return to: **name, address and phone number**.....

### PERSONAL DETAILS

<b>First Name:</b>		
<b>Surname:</b>		<b>Sex: M/F</b>
<b>Date of Birth:</b>		<b>Age:</b>
<b>Home Address:</b>		
<b>Home Telephone No:</b>		<b>Fax No:</b>
<b>Email:</b>		<b>Mobile:</b>

<b>Next of Kin:</b>		
<b>Relationship:</b>		
<b>Address of Next of Kin:</b>		
<b>Contact telephone</b>		
<b>School</b>		<b>School Year Group:</b>
<b>Do you have any access needs? Yes/no If yes please specify:</b>	<b>Do you have an impairment? Yes / No If yes, please tick the appropriate box</b>	
	Visual Impairment <input type="checkbox"/> Physical Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Learning Disability <input type="checkbox"/> Emotional / Behavioural <input type="checkbox"/> Other <input type="checkbox"/>	

### ETHNICITY- PLEASE CIRCLE:

ETHNIC ORIGIN	CODE		ETHNIC ORIGIN	CODE	
White	WHI		British Asian	BAS	
Black- British	BB		Indian	IND	
Black- Caribbean	BC		Pakistani	PAK	
Black- African	BA		Bangladeshi	BAN	
Black- other	BO		Chinese	CHI	
East African Asian	EAA		Other (Please Specify)	OTH	

**MEDICAL DETAILS:**

<b>Medical/Special Needs:</b>	If you have any diet, allergies, health problems, etc please detail below:
<b>Name of Family Doctor:</b>	
<b>Name of Surgery</b>	
<b>Doctor's Telephone Number:</b>	

**DECLARATION OF PARENTS/CARERS**

- a. I agree to my son/daughter taking part in club sessions
- b. I give/do not give permission (**Please delete as appropriate**) for my son/daughter's details to be passed to **insert name of partner organisations** for further development opportunities.
- c. I consent to any emergency medical treatment necessary during the sessions. I therefore authorise the supervisor to sign any written form of consent required by hospital authorities on my behalf, should the delay required to obtain my signature be considered likely to endanger my child's health by the said authority. In such circumstances I understand that every effort shall be made to contact me prior to this action being taken.
- d. I understand that the sessions are insured in respect of legal liabilities (third party and public liability) but that personal accident insurance for my child is not covered. I also understand that any extension of insurance for my child is my responsibility.
- e. I give/do not give permission (**Please delete as appropriate**) for relevant information to be sent out to me either via post or email about up and coming events run by SDC.
- f. I will ensure that any changes in circumstances, which will effect my child's participation in the sessions, will be notified to **name on telephone number** as soon as possible prior to the event.

**SIGNATURE OF PARENT / CARER:** .....

**DATE:** .....

**PLEASE PRINT NAME:** .....

**CONSENT FOR ADDITIONAL ACTIVITIES**

- a. I give permission/do not give permission (**please delete as appropriate**) for my son/daughter to take part in photographs, any publicity shots or video footage for **insert name / s** websites and local press.

NB: If you are taking a camera or video camera to the session **YOU MUST** check with the organiser that it is ok to use and **REGISTER** it when you arrive

- b. Any child taking part in the sessions will be fully briefed and supervised at all times by the organiser, coaches and volunteers
- c. I also understand that whilst coaches and personnel leading the additional activities will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child
- d. Any child taking part in any of the activities will do so at their own risk.

**SIGNATURE OF PARENT/CARER:** .....

**DATE:** .....

**PLEASE PRINT NAME:** .....

*ALL OF THE INFORMATION ON THIS FORM IS CONFIDENTIAL AND WILL ONLY BE VIEWED BY **INSERT NAME / ORGANISATION** FOR THE PURPOSES OF HEALTH AND SAFETY AND CHILD PROTECTION. IT WILL BE HELD FOR A PERIOD OF 12 MONTHS AT **VENUE** AND DETAILS WILL NOT BE PASSED ON TO ANY OTHER AGENCY WITHOUT PRIOR CONSULATION AND CONSENT FROM A PARENT OR GUARDIAN.*

*Adapted from ACE Club Membership form, Stroud District Council.*