**MEMBERS PERSONEL INFORMATION FORM**

For the safety of you or your child and to comply with our Duty of Care it is essential that all the following questions be answer.

ATTACH

PHOTO

HERE

air

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Cost of membership | Nipper £25, Junior £25, Associate £25, Senior£30 & New High-Viz Vests £5 | | | | |
| Type of membership  ( please tick box) | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Nipper |  |  | Junior |  | | senior |  |  | Associate |  | | | | MIS NUMBER  (If known) |  |
| Name |  | | | | |
| Date of birth |  | Gender |  | | |
| Home address and postcode |  | | | | |
| Home phone number |  | | | | |
| Mobile phone number |  | | | | |
| Email address |  | | | | |

|  |  |
| --- | --- |
| **Next 0f kin / Emergency Contact details** | |
| Name |  |
| Address (if different from above) |  |
| Contact numbers |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Medical History and details ( \*mandatory please answer YES or NO )** | | | |
| Do you have any medical conditions that we should be made aware of? | | Yes /No\* | |
| Do you take any medicines?  If yes, can they administer it themselves? | |  | Yes / No\*  Yes/No\* |
| Do you have asthma | Yes/ No\* | Do you/they have diabetes | Yes / No\* |
| Do you have hay fever | Yes/ No\* | Do you/they have any allergies | Yes / No\* |
| Do you have any behavioural issues or disorders? | | Yes/No\* | |
| Is there any other information that may be of importance that we should know about | | Yes/No\* | |

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| --- |
| **If YES to any of above, please give more details** |
|  |

|  |  |  |
| --- | --- | --- |
| Any qualification or awards held | Date Taken | Date Expired |
|  |  |  |

The Club Welfare, Officers and Coaches must be aware of the risk factors of members and decide if they can cope with any situation which may arise, before allowing them to undertake such an active training programme.

If any type of serious medical condition, which may or may not require a 999 response. The Club Welfare Officer must have accurate medical and contact information to hand. The Club Welfare Officer will work under the direction of the SLSA Wales Lead Safeguarding Officer.

All forms and medication are to be held by Club Welfare Officer in a locked cabinet.

I have accurately completed the medical form informing the club asked of medical history. I accept and understand the risk factor and do not know of any reason as to why I/ They cannot complete this active training programme.

I consent / I do not consent\* to me/ my child being photographed for the purposes of promoting Rhondda Cold Knap Lifeguard Club. I understand that images may appear on club social media sites and the Rhondda Cold Knap Lifeguard Web site for the purpose of promoting lifesaving.

If under 18years of age Parent/Guardian to sign.

All SLSA Wales Coaches, Members and Volunteers and anyone working under the responsibility of SLSA Wales are required to adhere to its safeguarding policies and procedures.

As a member of Surf Life Saving Association of Wales, I agree to abide by all of its safeguarding policies and principles.

By signing your membership form you are confirming that you have read and understood the following key policies. This will be a condition of your membership to SLSA Wales.

Coaches, Members and Volunteers Code of Conduct

Parents Code of Conduct

Youth Code of Conduct

Social Media Policy

Anti - Bullying

To find information relating to safeguarding I can visit the SLSA Wales Safeguarding page at

Welcome to SLSA Wales - Surf Life Saving Association of Wales

A copy of the SLSA Wales Child Protection policy can also be found here also.

*N.B. in the case of young members, can parents explain the principles of the last 3 policies listed and sign for them where needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Signature |  | Date | / / |

**Payment Details**

**ACCOUNT NAME RHONDDA COLD KNAP LIFEGUARDS**

**ACCOUNT NUMBER 10613231**

**SORT CODE 20 - 68 - 87**