

# member application form 2011/12

please complete in BLOCK CAPITALS

name: ..... date of birth: ..... gender: m / f

address: .....

town: ..... county: ..... postcode: .....

telephone no: ..... work no: ..... mobile no: .....

e-mail: .....

slsa member  slsa membership number: ..... beach lifeguard qualification: yes  no

Have you previously been a member of Gyllyngvase Surf Life Saving Club? yes  no

Club membership runs from 1st October – 30th September. If you are a new member and join during the year you will be able to pay a reduced price depending on the month that you join. When October 1st is reached again you will be asked to re-join. **Once you become a member, you will have to pay full price each year if you wish to continue your membership with the club.**

Please tick the membership type that you would like to join in the corresponding box below:

	joining between october and march	joining between april and june	joining between july and september	
adult born 1995 +	£55	£45	£35	<input type="checkbox"/>
junior 1996 – 1998	£46	£36	£26	<input type="checkbox"/>
nipper 1999 – 2004	£35	£30	£25	<input type="checkbox"/>
supporter 16 +	£30	£25	£20	<input type="checkbox"/>

Please make checks payable to **Gylly Surf**, and send with these forms to:

Michelle Reid  
Gylly Membership  
8 Ocean Court  
East Cliff  
Porthtowan  
TR4 8AP

These prices do not include membership to British Triathlon. We offer a reduced membership to British Triathlon, if you would like to join this tick here  and the membership secretary will contact you.

These prices include membership to SLS GB, and for adults, a UK athletics race license. If you are a junior and intend to compete in running events please add £5 to each membership to make Gyllyngvase Surf Life Saving Club your 1st Claim running club. This is a licence to UK athletics and will allow discounts at races. Tick the box if you have attached this fee.  (Race licences and numbers will need to be produced at all running races).

I agree to abide by the rules of the club and the Club Constitution (copy available on request). I consent that Gyllyngvase Surf Life Saving Club will hold personal data from this membership form on computer for the purpose of club administration only. In accordance with the Data Protection Act 1998 this information will be available on request. I warrant that I am in appropriate physical condition to enable participation in any training session, race or other activity organised by Gyllyngvase Surf Life Saving Club. I accept this participation in any training session, race or other activity organised by Gyllyngvase Surf Life Saving Club is entirely at my own risk. Furthermore that no responsibility for any injury, accident, loss or damage suffered by me shall be attached to Gyllyngvase Surf Life Saving Club, or any member or members of Gyllyngvase Surf Life Saving Club involved in the organisation or running of the training sessions, race or other activity during which the injury, accident, loss or damage occurred.

total fee attached: £ .....

signed: ..... date: ..... signature of parent/guardian: .....  
(if under 18)

(official use only) check no: ..... fee received: ..... medical form received:  SLS GB form received:

# medical and health form 2011/12

To be filled out annually by all participants and by a parent/guardian if under the age of 18.  
please complete in BLOCK CAPITALS

This form is to be completed by everybody attending Gyllyngvase Surf Life Saving Club. Please answer the following questions as fully as possible. In the event of emergency treatment being required it will help the medical authorities in deciding which is the most appropriate treatment to give. All information given will be treated in the strictest confidence and in accordance with the Data Protection Act.

name: ..... date of birth: ..... gender: m / f

address: .....

town: ..... county: ..... postcode: .....

telephone no: ..... work no: ..... mobile no: .....

e-mail: .....

In the event of an emergency please contact:

name: ..... relationship: ..... telephone no: .....

name: ..... relationship: ..... telephone no: .....

name of doctor: ..... telephone no: .....

address: .....

Do you suffer from any allergies?

Yes  No  If yes, explain: .....

General Information:	yes	no		yes	no		yes	no
ADHD:	<input type="checkbox"/>	<input type="checkbox"/>	Asthma:	<input type="checkbox"/>	<input type="checkbox"/>	Cancer/Luekaemia:	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures:	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble:	<input type="checkbox"/>	<input type="checkbox"/>
Haemophilia:	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure:	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease:	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy:	<input type="checkbox"/>	<input type="checkbox"/>	Autism:	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>

If yes, explain: .....

List all medications taken within the last 30 days: .....

List equipment needed such as wheelchair, glasses, etc: .....

List any physical or behavioural conditions that may affect full participation in swimming, cycling, running or any strenuous activities or games: .....

signed: ..... date: ..... signature of parent/guardian: .....  
(if under 18)