

MEMBERSHIP RENEWAL FORM 2016/17 (for existing members only)

Forename		
Surname		
M	F	DOB
Address		
Telephone		
Mobile		
E-mail		

Please treat as Gift Aid donations all qualifying gifts of money made

Please tick all boxes you wish to apply

Membership Type

Now, in the past 4 years & the future	<input type="checkbox"/>
Now & in the future	<input type="checkbox"/>
Now	<input type="checkbox"/>
None, my tax circumstances do not fulfil the criteria	<input type="checkbox"/>

Full Member @ £135 pa	<input type="checkbox"/>
Supporter Member @ £30 p.a.	<input type="checkbox"/>

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 Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other 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.

The membership fees above include the £25 fee for SLSGB affiliation. Please note if you have previously been a member of Gyllyngvase SLSC, then the full membership will be payable regardless of when the membership for 2016/17 is renewed.

I agree to abide by the rules of the club and the club constitution (available on Request). I consent that Gyllyngvase SLSC will hold personal data from this membership form on computer for the purpose of club administration only.

Signature member/parent/guardian	
Membership Fee Received: Full Payment received / 3 Payments of £45	Date
Date entered onto SLSGB	Committee member

MEDICAL HISTORY FORM 2016/17

Forename
Surname

Doctor Name	Practice	Telephone
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For you/your child to receive the best possible care whilst attending training sessions or competitions, it is essential we hold a relevant medical history form for use in emergencies. This form will be updated yearly. If any changes in health status or medication occur throughout the year we ask that you inform a member of the coaching staff so the records can be altered. This form will be held confidentially and will only be accessible to medical staff in case of an emergency. (See data protection act 1998)

Asthma	Any impairment/disability	
Diabetes	Learning	Physical
Allergies	Visual	Hearing
Epilepsy/Seizures	Any other (please specify)	

Any other Medical Conditions	Medication
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I am/my child is in appropriate physical condition to enable participation in any training session/race or other activity organised by Gyllyngvase SLSC.

Signature member/parent/guardian	Date
Added to database	Date

EMERGENCY

CONTACT

INFORMATION 2016/2017

Forename
Surname

1st Contact

Name	Relationship
Home No	Mobile No

2nd Contact

Name	Relationship
Home No	Mobile No

3rd Contact

Name	Relationship
Home No	Mobile No

This form will be updated yearly.

If any change occurs throughout the year and these details need to be altered, we ask that you inform a member of the coaching or secretarial staff so the records can be altered. This form will be held confidentially and will only be accessible to medical/coaching staff in case of an emergency. (See data protection act 1998)

Added to database	Date
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PHOTOGRAPHIC IMAGING 2016/2017

Forename
Surname

Gyllyngvase SLSC may wish to take photographic or video imaging of you/your child whilst participating in SLS training or competition.

Please complete the following to allow or refuse consent:

Given Refused

	Given	Refused
Take imaging for use on club website/Facebook page		
Take imaging for press releases		
Take imaging for use on club notice boards		
Take imaging for training purposes only		

Signature member/parent/guardian	Date
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I refuse permission for the taking and publication of any images of myself/my child during SLS training or competition.

Signature member/parent/guardian	Date
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Gyllyngvase SLSC understands that members/parents wish to take photographs of their child using cameras or phones with imaging whilst on the beach.

Please be respectful and give careful consideration to others before uploading images onto the internet that may include children other than your own.

Added to database	Date
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