

Club stamp

PARTICIPANT DETAILS

Under 18s



TASTER SESSION NAME & LOCATION

INSTRUCTOR

DATE

TIME

PERSONAL DETAILS

FORENAME

SURNAME

SURNAME

ADDRESS

POSTCODE

EMAIL

D.O.B

MALE

☐

FEMALE

☐

TELEPHONE

MOBILE

EMERGENCY CONTACT & TEL NO.

ADDITIONAL DETAILS

HOW WOULD YOU DESCRIBE YOUR CHILDS ETHNIC ORIGIN?

WHITE

☐

ASIAN

☐

AFRO-CARIBBEAN

☐

AFRICAN

☐

CHINESE

☐

OTHER (please specify)

WOULD YOU CONSIDER YOUR CHILD TO BE DISABLED?

YES

☐

NO

☐

SCHOOL YEAR

OTHER HOBBIES

MEDICAL DETAILS (for Centre information)

DOES YOUR CHILD HAVE ANY SPECIFIC MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT AND/OR MEDICATION?

NO

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YES

☐

IF YES, PLEASE SPECIFY

DO THEY HAVE ANY ALLERGIES?

NO

☐

YES

☐

IF YES, PLEASE SPECIFY

PLEASE PROVIDE DETAILS OF SPECIAL REQUIREMENTS, TREATMENT AND/OR MEDICATION THAT YOU **DO NOT** GIVE PERMISSION TO RECEIVE FOR YOUR CHILD.

PARENT/GUARDIAN DETAILS (to be signed for members under 18 years)

TITLE

FORENAME

SURNAME

ADDRESS

POSTCODE

EMAIL

TELEPHONE

MOBILE

CAPABILITIES

CAN YOUR CHILD SWIM 50M?

YES

☐

NO

☐

DOES YOUR CHILD HOLD ANY RELEVANT QUALIFICATIONS AND EXPERIENCE?

YES

☐

NO

☐

PLEASE PROVIDE DETAILS

DECLARATION & PARENTAL CONSENT

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*. A non-SLSGB member can participate in up to 3 taster sessions in a calendar year and still be covered by SLSGB's insurance. 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.

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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.

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I hereby give permission for SLSGB representatives e.g. Trainers/Coaches to photograph/video **my child** during their involvement in the activities. I understand that these may be used for publication.

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SIGNATURE (CONSENT BY PARENT/GUARDIAN)

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.

☐

DATE

REMITTANCE DETAILS

Membership runs from 1st January until 31st December each year

ACTIVITY (IF APPLICABLE)

£

☐

SLSGB MEMBERSHIP

£

☐

CLUB MEMBERSHIP

£

☐

RECEIPT NUMBER: