



Club Membership Application Form

Before anyone is involved in RLSS UK activity they are required to complete this registration form and return it to the Club. Any change of yours or the emergency contact details should be reported to the Club as soon as possible.

I wish to apply for membership of the (Name of Club) **Gravesham Lifesaving Club**

Applicants should complete both sections 1 & 2 then one of either section 3 or 4

Section 1 Please complete your personal details

Name	Date of Birth
Address	Post Code
Home telephone number	Mobile number
Email address	
Lifesaving awards held	

Section 2 Medical information

Please detail below any important medical/ disability information that the Club or Event Organisers should be aware of (e.g. epilepsy, asthma, diabetes etc.). This information will only be seen by the coach, instructor, assessor, trainer, administrator, club official, event organiser or the person responsible for the activity. Please include details of any medication taken.

Medical Condition	
Disability	
GP's Name	Telephone number
Address	
Postcode	

Please provide details of any medication they take:

Does the child or adult at risk have any past or current challenging or difficult behavioural needs that we should be aware of? YES NO . If YES please provide details:

Does the child or adult at risk have any past or current injuries that we should be aware of? YES NO . If YES please provide details:



Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Emergency contact 1		Emergency contact 2	
Name		Name	
Address		Address	
Relation		Relation	
Relation		Relation	
Phone 1		Phone 1	
Phone 2		Phone 2	

Section 3

If the applicant is Under 18 or is an adult at risk this section must be completed by a parent /carer.

- By returning this completed form, I agree that the child/ adult at risk taking part in the activities of the club and I understand that I will be kept informed of these activities.
- I understand it is my responsibility as a parent/ carer to send the medication with the child /adult at risk with their name clearly labelled on it. The person responsible for the activity will look after the medication whilst the child /adult at risk is engaged in activities.
- I am familiar with and agree to support the child/adult member and parent / carer with RLSS UK Safeguarding Policy and its Codes of Conduct.
- I understand in the event of injury or illness all reasonable steps will be taken to contact either myself or the alternative contacts using the above details, and to deal with that injury/illness appropriately.
- It may be essential on other occasions for the adult responsible for the activity e.g. coach, instructor, trainer, administrator, club official, event organiser accompanying your son/ daughter/adult at risk you are responsible for to have the necessary authority to obtain any urgent treatment which may be required whilst at Club event, representative competition or training. Would you therefore complete the details on this form and sign below to give your consent.

I, _____ being parent/ carer or person responsible for the above named child/ adult at risk hereby give permission for the coach, instructor, trainer, administrator, club official, event organiser or any person responsible for any activity 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 son/daughter's interest or the adult at risk in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

"I, [name] _____ have read and understood the RLSS UK Code of Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the Code."

Name of parent/ carer: _____

Signature of parent/ carer: _____

Date: _____

Section 4

To be completed by all applicants over 18 years old

- By returning this completed form, I agree to participate in the Club's activities and events. I also understand that I will be kept informed of these activities.
- I am familiar with and agree to support the RLSS UK Safeguarding Policy and Codes of conduct.
- I understand in the event of injury or illness all reasonable steps will be taken to contact my emergency contacts using the above details, and to deal with that injury/illness appropriately.

"I, [name] have read and understood the RLSS UK Code of Ethics and Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the Code."

Name of applicant:

Signature of applicant:

Date:

Note to Applicants

The information on this form will be used to administer the applicant's participation in the Clubs activities. It will not be used for any other purposes or shared with anyone else without your consent. Medical information will only be shared with essential club personnel.

Consent to Emergency Medical/Surgical Care/ Treatment

It may be essential some time for the Club or Event organiser accompanying the child or adult at risk to have the necessary authority to obtain any urgent treatment which may be required whilst attending Club activities, competition or training. Would you therefore complete the details on this form and sign below to give your consent.

I Parent Carer

For Child Adult at Risk

hereby give permission to the person responsible for the activity for e.g. (the coach, instructor, trainer, assessor club/event official) to immediately give the necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest or (an adult at risk), in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Parent/Guardian/Carer's Signature:

Print name:

Date:

This form or a copy of the information MUST be taken by the person in charge of the activity.

Photographic and Images Consent Form

This form is to be read, completed and signed by the parent /carer of the child under the age of 18 or carer of the adult at risk together with the adult or child participant. It provides permission for images of the child or adult at risk to be used.

Insert Club/Organisation/Event Organiser recognises the need to ensure the welfare and safety of all young people in RLSS UK activities and events. As part of our safeguarding commitment, we will not permit photographs, video images or other images to be taken or used without the consent of the parents/guardians/carers and the child or adult at risk.

Please note that if you have more than one child under the age of 18 or an adult at risk registered with the Club or for an Event you will need to complete a separate form for each person.

Insert Club/Organisation/Event Organiser will follow the guidance for the use of photographic and images set out in the Safeguarding Policy and take steps to ensure these images are used solely for the purposes they are intended, which is the promotion and celebration of the activities of insert Club/Organisation/Event Organiser

If you become aware that these images are being used inappropriately, you should inform the Club Welfare Officer or the Event Organisers immediately. Alternatively please contact your local Branch Safeguarding Case Officer on **0300 3230 096**.

To be completed by the child/young person (if 12 years or older) or adult at risk* Tick as appropriate

I	Date of Birth	consent to
Child <input type="checkbox"/>	Adult at Risk <input type="checkbox"/>	
insert Club/Organisation/Event Organiser photographing or videoing my involvement in RLSS UK activities and events under the stated rules and conditions.		
Signature:		
Print name:		
Date:		

To be completed by parent / carer * Tick as appropriate

I, (Parent/ Carer) Full name: _____ consent to the Club/Organisation/Event Organiser) _____ photographing or videoing (Name of child/ adult at risk) _____ under the stated rules and conditions and I confirm I have am the responsible person for this child, young person or adult at risk and I am authorised to give this consent. I also confirm that there are no legal restrictions related to images of my child /adult at risk being taken or published.		
Signature:		
Print name:		
Date:		

Photographic and Images Refusal of Consent Form

Name of the child/adult at risk:	Date of Birth:
I (name of the parent/carers) _____ refuse permission for the taking and/or publication of any images of the above name child /adult at risk by the organisation's appointed photographer(s) in respect of _____ activity.	
Signature(child/adult at risk):	Print name: _____ Date: _____
Signature (parent/carers):	Print name: _____ Date: _____