**Gravesham Lifesaving 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 Gravesham Life Saving Club**

***Applicants should complete both sections 1, 2 & 3 then one of either section 4 or 5***

***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**  **Address**  **Postcode** |  | **Telephone**  **number** |  |
|  |
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| --- |
| **Please provide details of any medication they take:** |

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| --- |
| **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:** |

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| **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** |  |

## 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:

***Section 3- Photo Consent***

Gravesham LSC recognises the need to ensure the welfare and safety of all young people in Lifesaving. As part of our commitment to ensure the safety of young people we will not permit photographs, video images or other images of young people to be taken or used without the consent of the parents/carers and the young person.

Gravesham LSC, will follow the guidance for the use of young people, as detailed within RLSS UK Safeguarding and Protecting Children Policy and Procedures and take steps to ensure these images are used solely for the purposes intended, which is the promotion and celebration of Gravesham LSC activities.

If you become aware that these images are being used inappropriately, you should inform the Club Welfare Officer immediately. Alternatively, please contact your local RLSS UK Branch Safeguarding Officer or RLSS UK Safeguarding Lead at Red Hill House.

Safeguarding Lead: RLSS UK, Red Hill House, 227 London Road, Worcester, WR5 2JG

**To be completed by the young person (if 12 years or older)**

I have read and understood the conditions and consent to my images being used as described over the page.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | | |
| Date of Birth |  | Society Number |  |
| Signature |  | | |
| Date |  | | |

**To be completed by parent/carer (if applicant under 12 yrs old)**

I have read and understood the conditions and consent to the processing of the young persons images being used as described. I confirm that I have legal parental responsibility for this young person and am entitled to give consent.

|  |  |  |  |
| --- | --- | --- | --- |
| Print Name |  | | |
| Date of Birth |  | Society Number |  |
| Signature |  | | |
| Date |  | | |

***Section 4***

***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 5***

***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: |

***Data Privacy***

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 and only shared with RLSS UK and its subsidiary companies for the purpose of award and qualification certification. Medical information will only be shared with essential club personnel. For further information about Gravesham LSC’s Data Privacy please see Gravesham LSC Data Privacy Notice or Privacy Policy http://www.glsc.org.uk/.