

# BSSC New Member

## Basingstoke Synchronised Skating Club

We are very pleased to welcome you to Basingstoke Synchronised Skating Club.

The information you provide in this form will be used to contact you about your membership and keep you informed about club activities, competitions and events. We also need you to confirm that you are aware of the club's policies and rules as defined in the BSSC Handbook.

Once completed, please return this form to the BSSC Team Manager.

### Personal

Name

Address

Home Telephone

Mobile

Email

Date of Birth

Preferred Communication Method    Email / Text / Call Home / Call Mobile

Pick all that are relevant

If the new member is under 18, we also need the following information

Name of Parent/Carer

Address

if different from above

Home Telephone

if different from above

Mobile

if different from above

Email

if different from above

Preferred Communication Method    Email / Text / Call Home / Call Mobile

Pick all that are relevant

Confidential

## Medical

Do you have any persistent medical condition?

Yes / No

If you answered 'Yes', please give details, including any medication.

Do you have any allergies?

Yes / No

If you answered 'Yes', please give details

Do you have any dietary requirements (vegan/vegetarian etc)?

Yes / No

If you answered 'Yes', please give details

## Disabilities

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?

Yes / No

If you answered 'Yes', what is the nature of your disability?

## Emergency Contact Details

In the event of an incident or accident, who should we contact?

1<sup>st</sup> Contact Name

Relationship to Member

Contact Number

Contact Address

2<sup>nd</sup> Contact Name

Relationship to Member

Contact Number

Contact Address

## Declaration

I agree to my son/daughter taking part in club sessions.

I give my consent that if an emergency medical situation arises, the Club may act as loco parentis. In my absence, I authorise the supervisor to sign any written form of consent required by hospital authorities on my behalf, should the delay required to obtain my signature be considered likely to endanger my child's health by the said authority. In such circumstances, I understand that every effort shall be made to contact me prior to this action being taken.

I understand that the sessions are insured in respect of legal liabilities (third party and public liability) but that personal accident insurance for my child is not covered. I also understand that any extension of insurance for my child is my responsibility.

I confirm that I have read, or been made aware of, the Club's policies and will abide by the following:

- Codes of conduct for parents, coaches and children & young people
- Anti-bullying policy
- Safeguarding policy
- Photography, filming and social media policies
- Equality policy

Signed by New Member

Print Name

Signed by Parent/Carer

if new member is under 18

Print Name

if new member is under 18

Date