

# INCLUSIVE SKATING CLUB MEMBERSHIP FORM

We are very pleased to welcome you to the Inclusive Skating Club (IS Club).

To ensure we have the correct contact details for you, please fill out this form and give it back to the Membership Secretary or IS Club Board.

We will also use this information to ensure that you are kept informed about Club events.

Please fill out a form for each member and if family indicate the Family that the member is a part of.

<b>Name of Adult/Junior/ Student/ Life:</b>	
<b>Name of Family</b>	
<b>Address: (Inc. postcode)</b>	
<b>Home Telephone Number</b>	
<b>Mobile number</b>	
<b>E-mail address:</b>	
<b>Date of Birth:</b>	
<b>Preferred Method of Communication:</b>	
<b>Name of Parent/Carer</b>	
<b>Address (if different from above)</b>	
<b>Telephone number (if different from above)</b>	
<b>Email address (if different from above)</b>	

<b>Please specify medical condition:</b>	Yes / No <i>If yes, please give details</i>
<b>Details of medication required: (eg inhaler)</b>	
<b>Any allergies:</b>	Yes / No <i>If yes, please give details</i>
<b>Details of any dietary requirements: (vegan/vegetarian)</b>	Yes / No <i>If yes, please give details</i>
<b>Additional information:</b>	
<p><b>Disability</b></p> <p>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’.</p> <p><b>Do you consider yourself to have a disability?</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
If yes, what is the nature of your disability?	
<b>Emergency contact details - Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident</b>	
<b>1<sup>st</sup> Emergency Contact name</b>	
<b>Relationship to Member</b>	
<b>Emergency Contact Number</b>	
<b>Emergency Contact Address</b>	
<b>2<sup>nd</sup> Emergency Contact name</b>	
<b>Relationship to Member</b>	
<b>Emergency Contact Number</b>	
<b>Emergency Contact Address</b>	

### DECLARATION OF PARENTS/CARERS

<input type="checkbox"/>	I agree to my son/daughter or charge taking part in club sessions
<input type="checkbox"/>	I agree to remain at club sessions or if I am absent to provide a suitable carer to provide all necessary care for my son/daughter or charge at all times.
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the Club may act as loco parentis. In my absence or in the event of my incapacity, 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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I confirm that I have read, or been made aware of, the Club's policies and will abide by the following: <ul style="list-style-type: none"> <li>• Codes of conduct for parents, coaches and children &amp; young people</li> <li>• Anti-bullying policy</li> <li>• Safeguarding policy</li> <li>• Equity policy</li> <li>• Transport policy</li> <li>• Changing room policy</li> <li>• Photography, filming and social media policies</li> </ul>
<input type="checkbox"/>	I can confirm that my child is aware of the Inclusive Skating Club code of conduct for Officials and children and anti-bullying
<input type="checkbox"/>	I give permission/do not give permission for my son/daughter/ to take part in photographs, any publicity shots or video footage for the Club.

<b>Signature of Child/Young Person</b>	
<b>Print Name of Child/Young Person</b>	
<b>Signature of Member</b>	
<b>Print Name of Member</b>	
<b>Signature of Parent</b>	
<b>Date of Signature</b>	