**Life Saving Club**

Affiliated with Royal Life Saving Society

& Accredited with Sefton Sports Council

**email:** [**info@lifesaversclub1.org**](mailto:info@lifesaversclub1.org) **Website: www.lifesaversclub1.org**

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| **Club Membership Form** | | | | | | | | |
| Member’s Name |  | | | | | | | DOB: |
| Parent/Guardian’s Name |  | | | Relationship: | | | | |
| Address |  | | | | | | | |
|  | | | | | Post Code: | | |
| Home Telephone |  | | Mobile: | | | | | |
| Email Address |  | | | | | | | |
| Any known allergies |  | | | | | | | |
| Medication (e.g. Inhalers) |  | | | | | | | |
| Do you consider yourself to have a disability? | No  Yes  If yes, what is the nature of the disability  Visual Impairment  Physical Impairment  Learning disability  Multiple disabilities  Other (please specify)  ................................................................................................................................ | | | | | | | |
| Do you have any previous lifesaving experience? | No  (tick ✓ one box)  Yes  Details: .............................................................................................. | | | | | | | |
| Emergency Contact  (& Relationship) | Name: | | | | Mobile: | | | |
| How did you know about the club? | Notice Board  RLSS website  Reception Desk  Recommended, give name: ............................  Other: .................................. | | | | | | | |
| By returning this form, my son/daughter or I will be taking part in the club activities. I agree to adhere to the code of conduct for parents/carers/members and my child/children will adhere to the code of conduct for junior member/s. I understand in the event of an injury or illness, all reasonable steps will be taken to contact me or my emergency contact as detailed (above) to deal with that injury/illness appropriately. **Privacy Policy.**  We only collect information that we need to process your membership and ensure that members are safe when undertaking lifesaving activities. Refer to our privacy policy on our website **www.lifesaversclub1.org** | | | | | | | | |
| Name of Member | | | | | | | | |
| Signature of Member: Today’s Date | | | | | | | | |
| Completed by Parent/Carer, if member is under 18 years of age | | | | | | | | |
| Name of Parent/Carer: | | | | | | | | |
| Signature of Parent/Carer/Member: | | | | | | | Today’s Date: | |
| *To be completed by a Life Saving Club Instructor* | | | | | | | | |
| *Date of Assessment:* | | *Start Date (& Time of Session):* | | | | | | |  |
| Thank you for your co-operation. We only collect information that we need to process your membership and ensure that members are safe when undertaking lifesaving activities. Refer to our privacy policy on the website www.lifesaversclub1.org | | | | | | | | |