











Club Membership & Annual Renewal Form

To ensure we have the correct contact details for you / your child, please fill out this form and return with the correct membership fee by **end of January 2020**. If you are under the age of 16, your parent or guardian **MUST** sign the form before it is returned.

Name	
Date of Birth	
Address	
Postcode	
Home Telephone	
Email	(If you are under the age of 16 the contact email MUST be the email address of a parent or guardian) johnwrm@blueyonder.co.uk

First Emergency Contact	Name	
First Emergency Contact	Number	
Second Emergency Contact	Name	
Second Emergency Contact	Number	

Annual Club Membership Fees

Swimmers	Seniors (Over 18's)	Youth (16 – 18)	Juniors (15 and Under)
	£85	£75	£65
Instructors	Seniors (Over 18's)	Youth (16 – 18)	Juniors (15 and Under)
	£10	£10	£5

l -	Cheque payable to Redditch Lifesaving Club	Bank Transfer (use swimmers name as a reference) (40 - 38 – 07 01239848)
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Medical Information

Please detail below any important medical / disability information that the Club or Instructors 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.

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the activity. Please include	details of any medicatio	n taken.
Medical Condition		
Disability		
Please provide details of any medication taken: (It is the responsibility of the parent/carer to ensure that any required medication is handed to the relevant Club Instructor with full instructions)		
Described 21 and 16 and		
we should be aware of?	YES NO	arrent challenging or difficult behavioural needs that 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 provid	e details:	

By returning this completed form, I agree

Date

- to my son/daughter/child in my care taking part in the activities of the Club.
- to adhere to the Code of Conduct for Parents/Carers and will ensure that my child adheres to the Code of Conduct for junior members.
- that I have been made aware of the Club and the RLSS UK Safeguarding Policy and agree to support the policy.
- to the use of any photographic image of my son/daughter/child in my care being used by the Club in any way that the Club deems necessary and appropriate.
- to the terms as set out in the Data Privacy Notice and am happy to have the disclosed personal data held by Redditch Lifesavers. I understand that this data will only be transferred to others institutions when necessary for the safety of the Club member or to allow them to participate in activities outside the usual Club sessions.
- that in the event of any injury or illness to my child all reasonable steps will be taken to contact me and to deal with that injury / illness in the appropriate manner.
- that in the event of being unable to make contact with me the Club has permission 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.

Name:	Signature of Parent / Carer: