



CLUB MEMBERSHIP FORM

We are very pleased to welcome you to the Oxford Figure Ice Skating Club.

To ensure we have the correct contact details for you, please fill out this form and return it to the Chair of the club. We will also use this information to ensure that you are kept informed about Club events.

Name of child / young person	
Date of Birth	
Name of parent/carer	
Address	
Telephone	
Email	
Date of standing order	



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



DECLARATION OF PARENTS/CARERS

<input type="checkbox"/>	I agree to my son/daughter taking part in club sessions
<input type="checkbox"/>	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.
<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"/>	<p>I confirm that I have read, or been made aware of, the Club's policies and will abide by the following:</p> <ul style="list-style-type: none"> • Club code of conduct • Anti-bullying policy • Photography/film consent forms • Parent code of conduct • The clubs Safeguarding/Welfare officer <p>Copies of all of the above can be found in your welcome pack and on the club notice board.</p>
<input type="checkbox"/>	I agree that the information obtained in this form may be stored on computer and used for the administrative purposes of the club only.

Signature of Child/Young Person	
Print Name of Child/Young Person	
Signature of Member	
Print Name of Member	
Signature of Parent	
Date of Signature	