

DIRECT MEMBERSHIP APPLICATION FORM



PERSONAL DETAILS

| | | |
|-----------------------------|-------------------------------|---------------------------------|
| TITLE | FORENAME | |
| SURNAME | | |
| ADDRESS | | |
| | | |
| POSTCODE | | |
| EMAIL | | |
| D.O.B | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| TELEPHONE | | |
| MOBILE | | |
| EMERGENCY CONTACT & TEL NO. | | |

MEMBERSHIP DETAILS (age on date of joining SLSGB)

| | | |
|--|--|---|
| NIPPER (5 – 12 years) <input type="checkbox"/> | YOUTH (13 – 17 years) <input type="checkbox"/> | SENIOR (18+ years) <input type="checkbox"/> |
| SOCIAL (18+ years) <input type="checkbox"/> | | |

For insurance reasons Nippers cannot join until their fifth birthday.

DECLARATION (for all members)

| |
|---|
| I agree to abide by the rules of SLSGB, including the codes of conduct and child welfare policy and procedures. (Documents available at www.sls.gb.org.uk or upon request). <input type="checkbox"/> |
| SLSGB holds information in accordance with the Data Protection Act 1998 and where appropriate, may share this information with the RNLI under the terms of the Strategic Partnership. |
| As a member of Surf Life Saving GB, I don't want to receiving news about the activities and events available to me via post, email, telephone and text. <input type="checkbox"/> |
| SIGNATURE (MEMBER) |
| |
| DATE |

MEDICAL DETAILS (for Centre information)

| | |
|--|------------------------------|
| DO YOU HAVE ANY SPECIFIC MEDICAL CONDITIONS REQUIRING MEDICAL TREATMENT AND/OR MEDICATION? | |
| NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| IF YES, PLEASE SPECIFY | |
| | |
| DO YOU HAVE ANY ALLERGIES? | |
| NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| IF YES, PLEASE SPECIFY | |
| | |
| PLEASE PROVIDE DETAILS OF SPECIAL REQUIREMENTS, TREATMENT AND/OR MEDICATION THAT YOU DO NOT GIVE PERMISSION TO RECEIVE. | |
| | |

PARENT/GUARDIAN DETAILS (to be signed for members under 18 years)

| | |
|-----------|----------|
| TITLE | FORENAME |
| SURNAME | |
| ADDRESS | |
| | |
| POSTCODE | |
| EMAIL | |
| TELEPHONE | |
| MOBILE | |

I understand that the details of the activity and consent to my child taking part in the activities indicated. I acknowledge that the centre will be liable in the event of any accident *only if they have failed to take reasonable steps in their duty of care for my child*. I understand that the centre has a common law duty to act in the capacity of a reasonably prudent parent and therefore may prevent **my child** from participating in activities for which they are not considered capable.

I hereby give permission for SLSGB representatives to photograph/video **my child during their involvement in the activities. I understand that these may be used for publication.**

I hereby give permission for the club 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 child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

| |
|--|
| SIGNATURE (CONSENT BY PARENT/GUARDIAN) |
| |
| DATE |

| Membership runs from 1st January until 31st December each year | PAID (for Centre use) |
|--|----------------------------|
| SURF LIFE SAVING GB minimum donation of £25.00 | £ <input type="checkbox"/> |
| Total Donation | £ <input type="checkbox"/> |

Send your completed form and fee to your centre secretary. (Please ask your centre secretary for payment methods). If you don't belong to a centre please send your form and fee to Surf Life Saving GB, Buckland House, Park 5, Harrier Way, Sowton, Exeter, EX2 7HU, making cheques payable to Surf Life Saving GB.

Making Membership Go Much Further

giftaid it

Gift Aid:

I confirm I have paid or will pay an amount of Income Tax and/or Capital Gains Tax for each tax year (6 April to 5 April) that is at least equal to the amount of tax that all charities or Community Amateur Sports Clubs (CASCs) that I donate to will reclaim on my gifts for that tax year. I understand that other taxes such as VAT and Council Tax do not qualify. I understand that the Charity will reclaim 25p of tax on every £1 that I give on or after 6 April 2008.

Please treat as Gift Aid donations all qualifying gifts of money made:

Please tick all boxes you wish to apply

- | | | |
|---|--------------------------|-------------------------------|
| Now, in the past 4 years & the future | <input type="checkbox"/> | Adults can claim for children |
| Now & in the future | <input type="checkbox"/> | |
| Now | <input type="checkbox"/> | |
| None, my tax circumstances do not fulfil the criteria | <input type="checkbox"/> | |