

Centre stamp

PLEASE MAKE
CHQ'S TO SSLSCMEMBERSHIP
APPLICATION FORMFULL CENTRE NAME (where applicable) **SOUTHBOURNE SLSC 2019**

MEMBERSHIP NO.

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.		

ADDITIONAL DETAILS

COMMITTEE POSITION (where applicable)		
HOW WOULD YOU DESCRIBE YOUR ETHNIC ORIGIN?		
WHITE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	AFRO-CARIBBEAN <input type="checkbox"/>
AFRICAN <input type="checkbox"/>	CHINESE <input type="checkbox"/>	
OTHER (please specify)		
WOULD YOU CONSIDER YOURSELF TO BE DISABLED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
OCCUPATION		
OTHER HOBBIES		

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"/>		
NO. OF YEARS A MEMBER	NO. OF YEARS LAPSED	
REASONS FOR MEMBERSHIP		
REASONS FOR LAPSE		

For insurance reasons Nippers cannot join until their fifth birthday.

DECLARATION (for all members)

I agree to abide by the rules of my centre and, of SLSGB, including the codes of conduct and child welfare policy & procedures. (Documents available at www.sls.gb.org.uk or upon request).	<input type="checkbox"/>
SLSGB holds the enclosed 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.	<input type="checkbox"/>
Please tick the box if you are happy for this information to be shared with the RNLI.	<input type="checkbox"/>
Please tick the box if you are happy for this information to be shared with our training partners.	<input type="checkbox"/>
As a member of Surf Life Saving GB, I look forward to receiving news about the activities and events available to me via post, email, telephone and text.	<input type="checkbox"/>
SIGNATURE (MEMBER)	
DATE	

Making Membership Go Much Further

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

Now & in the future

Now

None, my tax circumstances do not fulfil the criteria

Adults can claim for children

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 confirm that I understand 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 <i>only if they have failed to take reasonable steps in their duty of care for my child</i> . 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. <input type="checkbox"/>		
I hereby give permission for the centre 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. <input type="checkbox"/>		
I hereby give permission for SLSGB representatives e.g. Team Manager to photograph/video my child during their involvement in the activities. I understand that these may be used for publication. <input type="checkbox"/>		
SIGNATURE (CONSENT BY PARENT/GUARDIAN)		
DATE		

REMITTANCE DETAILS

Membership runs from 1st January until 31st December each year

PAID (for Centre use)

CENTRE MEMBERSHIP FEE	£ CLUB STANDING ORDER	<input type="checkbox"/>
SURF LIFE SAVING GB FEE	£ 25.00	<input type="checkbox"/>
TOTAL FEES	£ 25.00	<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 industrial Estate, Exeter, EX2 7HU, making cheques payable to Surf Life Saving GB.