

5. To be completed by all applicants

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Emergency Contact 1		Emergency Contact 2	
Name		Name	
Relation		Relation	
Emergency Contact Number - 1		Emergency Contact Number - 1	
Emergency Contact Number - 2		Emergency Contact Number - 2	

Notes to all applicants

To ensure we have the correct contact details for you, please fill out this form and give it back to the Membership Secretary.

Applications for membership should also be accompanied by the correct membership fee.

Should either yours or the emergency contact details change please inform the club membership secretary as soon as possible. Failure to do so may result in you not receiving important information about your membership, the club and its activities or us not being able to contact your emergency contacts should we need to do so.

The information provided on this form will be stored and processed in accordance with the principles of the General Data Protection Regulations and will only be used to administer the applicant's participation in the Club's activities. It will not be used for any other purposes or shared with anyone else without your consent. Medical information will only be shared with essential club personnel. It is important to note that any change in medical information should be reported to the Club as soon as possible.

OBAN LIFESAVING CLUB MEMBERSHIP APPLICATION FORM



I wish to apply for membership of the **Oban Lifesaving Club**

Applicants should complete both sections 1, 2 & 5 then one of either section 3 or 4

1. Please complete your personal details

Name:	
Address:	
Postcode:	
Home Telephone No/Mobile No:	
Email:	
Date of Birth:	
Sweatshirt Size:	
Swimming/Lifesaving Awards Held:	
RLSS UK Membership No. (if applicable)	

2. Medical information/Additional Support Needs

Please detail below any important medical information or additional support needs that our coaches/coordinator should be aware of (eg epilepsy, asthma, diabetes etc.) This information will only be seen by the Club Trainers, Coaches and Teachers. Please include details of any medication taken.

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3. If the applicant is U18 this section must be completed by a parent/guardian/carer

By returning this completed form, I agree to my child taking part in the activities of the club and I understand that I will be kept informed of these activities

I understand it is the responsibility of the parent/guardian/carer to send the child's medication to them with the pool clearly labelled with the child's name. The class teacher will look after it whilst the child is engaged in activities.

I am familiar with and agree to support the junior member and parent/guardian/carer codes of conduct

I understand in the event of injury or illness all reasonable steps will be taken to contact either myself or the alternative contacts using the above details, and to deal with that injury/illness appropriately.

It may be essential at some time for the Club Official/Trainer/Coach accompanying your child to have the necessary authority to obtain any urgent treatment which may be required whilst at Club event, representative competition or training. Would you therefore complete the details on this form and sign below to give your consent.

I, _____
being parent/guardian of the above named child hereby give permission for the Club Official/Trainer/Coach 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.

I, _____
have read and understood the RLSS UK Code of Ethics and Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the Code.

Name of parent/guardian/carer: _____

Signature of parent/guardian/carer: _____ Date: _____

Please complete Section 5 on the back page

4. To be completed by all applicants over 18 years old

By returning this completed form, I agree to taking part in the activities of the club and understand that I will be kept informed of these activities

I am familiar with and agree to support the Club Codes of conduct

I understand in the event of injury or illness all reasonable steps will be taken to contact my emergency contacts using the above details, and to deal with that injury/illness appropriately.

I, _____
have read and understood the RLSS UK Code of Ethics and Conduct ("Code") and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the Code."

Name of applicant: _____

Signature of applicant: _____ Date: _____

Please complete Section 5 on the back page

For Oban Lifesaving Club Use only (Please do not mark this section).

Membership Type: Rookie ☐ Youth ☐ Senior ☐ Helper ☐

Membership fee: Received ☐ To Treasurer ☐ Receipt issued ☐

If helper: Disclosure form issued ☐ Disclosure received ☐

Class allocated to: _____ at _____

Awards gained: _____

Other relevant Info: _____