

WINDSOR



LIFEGUARDS

Membership Form 2016/17

Membership of the Club runs from the 1st April to the 30th March each year, with half year membership running from October to March only. Complete this form in clear **CAPITAL LETTERS** and return it, together with payment, to a committee member on a Friday night session at Beaumont pool.

Emails to info@windsorlifeguards.co.uk.

Make cheques payable to WINDSOR LIFEGUARD CLUB

Membership Details clearly in **CAPITAL LETTERS** please

| | |
|---|--|
| FULL YEAR FROM APRIL OR HALF YEAR FROM OCTOBER | FULL / HALF (Delete as appropriate) |
| MEMBERS FULL NAME | Date of Birth |
| Address with Post Code: | |
| Home Phone Number | |
| Mobile Number * | |
| E mail Address * | |
| *For Rookies please give parents/guardians mobile and email address | |

Emergency contact details if different from above

| | |
|--------------------|------------------------|
| FIRST CONTACT NAME | ALTERNATE CONTACT NAME |
| Address | Address |
| Home Tel: | Home Tel: |
| Mobile: | Mobile: |
| e Mail | e Mail |

| | Membership type (Full year fee from April - March, half year fee from October - March) | Full Year from April | Half Year from October | |
|--|---|---|-------------------------------|------|
| | Family | Family members (living in the family house) | £220 | £125 |
| | Rookie/Student | Attending Rookie (7-13) / Student (14-17) training sessions | £95 | £60 |
| | Senior (18+) | Attending training sessions | £100 | £60 |
| | D of E | As agreed by the Committee | | |
| | Other | As agreed by the Committee | | |

Membership Fee paid:

| | | | | | |
|--------|----------|------|----------|-----------------------|---|
| Cheque | Yes / No | Cash | Yes / No | Total Paid | £ |
| | | | | Received by Treasurer | |
| | | | | Date | |

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Doctors contact details

| | |
|---|---------------------------------------|
| Doctor: | |
| Address | Telephone Number |
| Medical Conditions/Disabilities/Allergies | Yes / No (please delete as necessary) |
| Please give details (e.g. diabetes) | |

Membership Agreement

Please read through thoroughly, delete where appropriate, and sign below.

I agree to participate and assist in club activities when and wherever possible and accept that any decision made by the committee of the club in relation to club matters is final. I enclose the appropriate membership fee and understand that this membership will be valid until 31/03/2017.

I am aware that all training members (Bronze Award and above) are required to attend patrols each year.

As a member of the Windsor Lifeguard Club I acknowledge that I shall be liable for and will indemnify and hold harmless bodies that provide facilities to the club in respect of any and all claims for death or injury to my person and loss or damage to property arising out of my negligent acts or omission.

I agree that those in charge of Club activities may give permission for the Club Member to receive medical treatment in an emergency.

Details written on this membership form will be stored on computer including the details written on the membership form. A contact list will be circulated to key committee members **for emergency use only**. This will contain name, emergency telephone numbers and health details. This is to ensure full care can be given to our members.

A general contact list may be circulated to members for general use relating to the club. This may contain name, telephone numbers and email address. I agree to give permission for **my/my child's** details to be on this list

Yes I agree / No I don't agree (delete as appropriate)

We often take photos at training events and patrols, which may be included in club newsletters and publicity material. We are careful not to include names and personal details. I agree to the club using **my / my child's** photograph in its newsletters and publicity material.

Yes I agree / No I don't agree (delete as appropriate)

Signature of Member Date.....
(Parent/Guardian if member is under 18 years of age)

I would like to help Windsor Lifeguard Club: Yes / No (delete as appropriate)