



I wish to apply for membership of St Edmundsbury Life Saving Club (SELSC). Applicants should complete sections 1, 2 and 3, then either section 4 if Under 18, or section 5 if Over 18.

1. Personal Details

Name	
Address (Inc Postcode)	
Home Phone	
Mobile Phone	
Date of Birth	
e-Mail*	

* Used for Important Information Updates & e-Newsletter. Please write **clearly** and provide a regularly used address.

2. Medical Information and Emergency Contacts

Please provide details of any medical conditions/ regular medication/ allergies and details of any specific learning style the trainer should be made aware of. This information will be treated confidentially. If you feel it appropriate please ask to speak to a trainer to discuss specific concerns.

Emergency Contact Details

	Emergency Contact 1	Emergency Contact 2
Name		
Relationship		
Emergency Phone 1		
Emergency Phone 2		

Note to ALL Applicants

Should either your or your emergency contacts' details change please inform the club as soon as possible. Failure to do so may result in you not receiving important information and us not being able to contact you in the event of an emergency should we need to do so.

3. Use of Photography

St Edmundsbury LSC may wish to use photographic images to convey the best aspects of lifesaving activities on marketing posters and the club's website. At all times the interest and welfare of members will be paramount. I consent to SELSC using photographs of the named member whilst involved in aspects of Lifesaving.

(IF OVER 12 years) Name of Member: _____ Signature: _____

(Parent/ Guardian Members 8-18) Name: _____ Signature: _____

4. Parent/ Guardian to complete if applicant is under 18

- I agree to my child taking part in activities of the club, and understand I will be kept informed of these activities
- I understand it is my responsibility to send my child's medication clearly labelled for all club activities
- I am aware of the club's constitution (available on the website), and will support the adoption of the code of conduct and club rules
- I understand that in the event of injury or illness reasonable steps will be taken to contact either of the emergency contacts provided

I _____ being parent/ guardian to the named member hereby give permission for the club Official/ Trainer to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by qualified medical professionals, where it would be contrary to my child's interest, in the doctors medical opinion for any delay to be incurred by seeking my personal consent.

I _____ being parent/ guardian to the named member have read and understood the RLSS UK Code of Ethics and Conduct and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the code.

Name of Parent/ Guardian: _____ Signature & Date: _____

5. Applicants over 18

- I agree to taking part in activities of the club, and understand I will be kept informed of these activities
- I am aware of the club's constitution (available on the website), and will support the adoption of the code of conduct and club rules
- I understand that in the event of injury or illness reasonable steps will be taken to contact either of the emergency contacts provided and that appropriate actions will be taken to deal with the injury/ illness appropriately.
- I _____ have read and understood the RLSS UK Code of Ethics and Conduct and as such agree to fully recognise and adhere to the principles and responsibilities embodied in the code.

Name of Applicant: _____ Signature & Date: _____

Under the Club Constitution you are required to read the following documents:

Club Rules, Constitution, Policies and Guidelines (including Safeguarding, Privacy, Photography and Complaints). These are available to view at www.stedmundsbury-lifesavers.org.uk/about.html

I have read the above documents and agree that my personal information may be retained by the Club for administrative purposes only and in accordance with the Club's Privacy Policy.

Please tick

Attending the club during COVID-19

Name:

It is important for members to understand that no PPE or other protective measures can provide 100% protection from infection with, or transmission of, COVID-19. Whilst the awarding organisation (RLSS UK) has provided guidance to clubs to mitigate risk so far as reasonably practicable, there will still be an element of risk involved in attending.

Equipment

In addition to the equipment required for training/assessment, you will also be requested to make the following arrangements to help manage the risks associated with COVID-19:

- Bring pens and note paper you can use throughout your attendance
- Come swim ready - wearing swimwear under your clothes for sessions in the water
- Bring food and drink if required
- Be prepared to travel home without showering or changing. Bring suitable clothes that will allow you to travel home comfortably.

COVID-19 Checklist

It is important that members attending the club do not increase the risk of spreading COVID-19. Please complete the checklist below by reading each statement and confirming that you agree.

All members must meet the following criteria before attending (please tick)	Agree insert ✓
I do not have/will not attend if I have a high temperature (you feel hot to touch on your chest or back - you do not need to measure your temperature)	
I do not have/will not attend if I have a new, continuous cough (coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours)	
I do not have/will not attend if I have loss or change to my sense of smell or taste (you cannot smell or taste anything, or things smell or taste different to normal)	
I will not attend if I am having to self-isolate due to coming into contact with someone with COVID-19 symptoms	
I will not attend if someone from my household has COVID-19 symptoms or is having to self-isolate	

Declaration

I declare that all of the information I have provided on this enrolment form (during COVID-19) is true and accurate. I understand that there are levels of risk of contracting COVID-19 by attending this club.

Candidate Signature:

Date:

Parent/Guardian Signature (if under 18):

Date: