**MEMBERSHIP FORM**

**The Gaff!**is committed to protecting all young people. So that we have all the relevant information that we need to ensure safety at **The Gaff!** we would be grateful if you could carefully complete the following information.

**A parent or guardian should complete this form if you are under 16 years of age.**

Name of Club or Group:

Venue:

Date/Time:

Membership charge:

Staff contact details:

Please complete the following:

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| --- |
| Name of Member:      Date of Birth:      Age:      Home Address:      Postcode:      Phone number:       |

**Emergency Contact Details**

Please give details of a relative, neighbour or friend who could be contacted if an emergency occurs.

**If the participant is under 16 years of age, this must be their parent or legal guardian.**

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| --- |
| Name:      Relationship to the Member (e.g. mother, sister, neighbour):      Home Address:      Home Tel:      Work Tel:      Mobile:       |

Can the participant swim at least 25 metres? Yes ☐ No ☐

**Medical Information Form**

The following information and consent is requested to ensure the health and well being of all club members. The information contained in this form is confidential and will only be used to safeguard the participant's health and well-being should the need arise

Name of Participant:

Name of Doctor:

Doctor's Address:

Doctor's Telephone Number:

Please provide details of any pre-existing medical conditions that may affect participation at the club:

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|       |

Please detail any allergies, including allergies to medication:

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|       |

Have you received a tetanus injection in the last five years? Yes ☐ No ☐

Please state any other information you feel is relevant:

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|       |

**Declaration of Consent**

**Members Parent or Legal Guardian - for those members under 16 years of age.**

I consent to the named young person joining The Gaff! and participating in all core activities of the youth club. I understand that I will be asked for specific consent for all additional activities, events or residentials

Please Tick Yes ☐ No ☐

I consent to the club member receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided

Please Tick Yes ☐ No ☐

**Use of Photographs, Film or Video Recordings**

During your participation in the club/group, photographs and film clips may be taken. We would like your permission to use the photographs in the following ways: in ORGANISATION publications, website and exhibitions (including DVD and slide shows); shown at events to generally promote the work of The Gaff!; used by trusted partners and funders such as the Moray Council. You should be aware that The Gaff! website is viewed by a world-wide audience and The Gaff! cannot prevent pictures being copied and used by others.

I consent to the named young person's image (photo/video) being used in the ways described above Yes ☐ No ☐

Signature:

Print Name:

Date:

Relationship to Participant:

**Participants Declaration of Consent -to be completed by those participants 16 years and over.**

I consent to receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided Yes ☐ No ☐

I consent to my image (photo/video) being used in the ways described above
Please Tick Yes ☐ No ☐

Signature:

Print Name:

Date: