**Membership Application/Renewal**

**Paper Form 2024**

|  |  |  |
| --- | --- | --- |
| **Title** | **Forename** | **Surname** |
| **Date of Birth** | **Phone Number** | **Email\*** |
| **Address** **Postcode** |

*\*Please include an email address as it is Sea Lion Swimming Club’s preferred method of communication.*

|  |
| --- |
| **Ethnic group or background***Select which of the below best describes your ethnic group or background* |
| **White**☐ English/Welsh/Scottish/Northern Irish/British☐ Irish☐ Gypsy or Irish Traveller☐ Any other White background | **Mixed/Multiple ethnic groups**☐ White and Black Caribbean☐ White and Black African☐ White and Asian☐ Any other Mixed/Multiple ethnic background |
| **Asian/Asian British**☐ Indian☐ Pakistani☐ Bangladeshi☐ Chinese☐ Any other Asian background | **Black/ African/Caribbean/Black British**☐ African☐ Caribbean☐ Any other Black/African/Caribbean background |
| **Other ethnic group**☐ Arab☐ Any other ethnic group |

|  |  |
| --- | --- |
| **Are you a member of Watford Leisure Centre Central?**Yes / No | **Watford Leisure Centre Central Membership No.** |

|  |  |
| --- | --- |
| **Emergency Contact Full Name / Relationship to Applicant** | **Emergency Contact Phone Number** |

|  |  |
| --- | --- |
| **Do you require any assistance getting in or out of the pool?**Yes / No | **Do you require supervision or assistance during the session?**Yes / No |
| *If answered yes to either question, give details:*  |
| **Disabilities***Select any disabilities you have* |
| ☐ Hearing Impairment | ☐ Visual Impairment |
| ☐ Epilepsy or Fits | ☐ Diabetes |
| ☐ Continence Problems | ☐ Physical Disability |
| ☐ Heart Condition | ☐ Learning Disability |
| ☐ Breathing Disorder | ☐ Sudden Cramps |
| ☐ Communication Difficulties | ☐ Any other medical condition |

*Note: No application will be declined because of any disability, but this information is required to ensure your safety.*

|  |
| --- |
| *If any answer(s) selected, give details:* |
| **Family Members***List any family members who will be attending sessions with you* |
| **Full Name** | **Relationship** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Declaration** |
| I agree to Sea Lion Swimming Club’s guidelines and policies. | Yes / No |
| I confirm that all the information in this application is accurate and complete to the best of my knowledge. | Yes / No |
| I agree to be registered as a member of Watford Leisure Centre and for my details to be shared with them. | Yes / No |
| I give permission for photographs taken of me during activities with the club to be used for promotional purposes. | Yes / No |
| I give permission for my name to be used in conjunction with any photographs of me that are used for promotional purposes. | Yes / No |
| I wish to make a donation in addition to the annual membership fee to assist them in their activities | Yes / No |
| If yes how much would you like to give | £ .  |
| I wish for the Sea Lion Swimming Club to reclaim tax on any donations and membership fees paid to the club from the date of this declaration until I notify Sea Lion Swimming Club otherwise. I confirm that I am a UK taxpayer and that I pay income tax or capital gains tax equal to the amount of tax that Sea Lion Swimming Club can reclaim. | *Taxpayer name**Taxpayer Address**Taxpayer Postcode* | Yes / No |

|  |  |
| --- | --- |
| **Signature** | **Name** |
| *Legal position of signatory \** | *Date* |
| Applicant / Parent / Guardian |  |

*\*If member is under 18 years of age, a parent or guardian must sign this form.*