

MEMBERSHIP FORM

PLEASE COMPLETE ALL DETAILS IN
BLOCK CAPITALS

SECTION A: ATHLETE DETAILS

First Name		Surname	
Address			
Postcode		Date of Birth	
Home Telephone			
Mbl Telephone			
Email Address			

SECTION B: PARENT/CARER/NEXT OF KIN DETAILS

First Name		Surname	
Address			
Home Telephone			
Mbl Telephone			
Email Address			

SECTION C: MEDICAL INFORMATION/ALLERGIES THAT MAY AFFECT YOUR PARTICIPATION

Please detail below any important medical information that our coaches/support staff should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc.) **Please do not leave blank** – if there is no information please write 'None'.

SECTION D: DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself/this child to have a disability? Yes No

If **Yes**, please outline the nature of the disability below:

SECTION E: EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.

Emergency Contact One	
Name	
Telephone Number	
Emergency Contact Two	
Name	
Telephone Number	

It may be essential at some time for authorized persons acting on behalf of the club to obtain urgent treatment which may be required at club or representative level training/competition. Please sign below to give your consent to emergency treatment being given to the athlete named in Section A by trained personnel.

Signature	
Print Name	
Date	

SECTION F: CONSENT (*DELETE AS APPROPRIATE)

By returning this completed form, I agree:

1. To the named athlete taking part in the activities of the club.
2. I confirm to the best of my knowledge that *I/my child does not suffer from any medical condition other than those listed above.
3. I understand that by it's very nature Wheelchair Sport has an inherent risk of injury and therefore *I/my child participate(s) with full knowledge of such risk.
4. I understand the need for safety equipment relevant to each sport, and *I/my child will not take to the court without using such equipment.
5. I confirm to the best of my knowledge that *I/my child is medically fit to participate in club activities and will refrain from training/competition should this cease to be the case.
6. That I have read and agree that *I/my child will abide by the club code of conduct whenever present at club activities or competition.
7. I understand that the neither Club, it's Executive Committee nor Volunteer Staff accept responsibility for any loss, damage or injury caused by or during attendance at any of the club's organized activities.
8. I consent to *myself/my child travelling by any form of public transport, minibus or motor vehicle driven by a club coach/volunteer or any other member attending, to any event in which the club is participating.

Signature	
Print Name	
Date	

For Club Use Only			
Membership Rate Paid		From:	To:
Adult	<input type="checkbox"/>		
Child	<input type="checkbox"/>		
Associate	<input type="checkbox"/>		
Sports Played:	Wheelchair Rugby League		<input type="checkbox"/>
	Wheelchair Rugby		<input type="checkbox"/>
	Wheelchair Basketball		<input type="checkbox"/>
	Wheelchair Tennis		<input type="checkbox"/>
	Wheelchair Badminton		<input type="checkbox"/>
	Other:		
Own Chair?	Y <input type="checkbox"/>	N <input type="checkbox"/>	Other:
If Yes, Stored on site?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Chair Size Required:			
Club Chair on Loan?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
If Yes,			
Disclaimer Signed?	Y <input type="checkbox"/>	N <input type="checkbox"/>	
Serial Number:			

SECTION G (UNDER 18s) : CONSENT FOR PHOTOGRAPHY AND RECORDED IMAGES

DUNDEE DRAGONS WHEELCHAIR SPORTS CLUB recognises the need to ensure the welfare and safety of all young people taking part in wheelchair sport.

In accordance with the policy and procedures of our relevant governing bodies, we will not permit photographs, video or other images of children/young people to be taken without the consent of the parents/carers and children/young people.

DUNDEE DRAGONS WHEELCHAIR SPORTS CLUB will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately.

Details of sporting activity:

Club Training, Matches and other any event which take place as part of the individual's involvement within Dundee Dragons Wheelchair Sports Club.

I (parent/carer) consent to DUNDEE DRAGONS WHEELCHAIR SPORTS CLUB photographing or videoing my child's involvement in wheelchair sport for the purposes of publicising and promoting the club or sport, or as a coaching aid.

Signature	
Print Name	
Date	

Data Protection Statement.

The Club will use the information provided on this form (together with other information it obtains about the player) (together "**Information**") to administer his/ her sporting activity at the Club and in any activities in which he participates through the Club and to care for and supervise activities in which he/she is involved. In some cases this may require the Club to disclose the Information to relevant sporting Governing Bodies. In the event of a medical issue or child protection issue arising, the Club may disclose certain information to doctors or other medical specialists and/or to police, children's social care, the Courts and/or probation officers and, potentially to legal and other advisers involved in an investigation.



We look forward to welcoming you and your family to the club in the near future.

To find out all the latest club information please visit our website

www.dundeedragons.net

