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| 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.org.uk.**Make cheques payable to WINDSOR LIFEGUARD CLUB** |

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| **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:  |
| 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 |
| CONTACT NUMBER |  | CONTACT NUMBER |

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|  | **Membership type** (Full year fee from April - March, half year fee from October - March)The membership does not cover certificates or badges – additional monies will be requested | Full Year from April | Half Year from September |
|  | Rookie (7-14) | Attending Rookie Training | £120 | £75 |
|  | Senior (14-18) | Attending Senior Survive and Save Training | £120 | £75 |
|  | Senior (18+) | Attending Senior Survive and Save Training | £130 | £80 |
|  | D of E | Up to Six Months - As agreed by the Committee | £75 |
|  | Other | As agreed by the Committee |  |
|  | Certificates | Covers One Rookie Level – 3 Certificates & Badges | £8.00 |

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| **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 AgreementPlease 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 31/03/2021. 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. ☐ I consent to the ‘Emergency Contact Details’ being used in the event of an emergency.☐ I consent to receiving e-mails and SMS/WhatsApp messages from Windsor Lifeguard ClubYou can change your mind at any time by contacting info@windsorlifeguards.org.uk**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) |