



# NEW MEMBER APPLICATION FORM

We are very pleased to welcome you to the Chelmsford Riverside Ice Skating Club. To ensure we have the correct contact details for you, please fill out this form and return it to the Membership Secretary.

## New Member Details

Name	
Address Line 1	
Town	
County	
Postcode	
Date of Birth	
Contact Number	
Mobile Number	
Email Address	

## Parent/Carer Details

Name	
Relationship to Member	
Emergency Contact No 1	
Emergency Contact No 2	
Email Address	

## Medical Details

Please advise us of any medical conditions and/or allergies which the club should know about and give details of any medication required.




## Declaration of Parents/Guardians

By signing this document, we agree to ensure that the names mentioned previously will act in accordance with the Club's Rules and Regulations:

<input type="checkbox"/>	I agree to my son/daughter taking part in club sessions
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the Club may act as loco parentis. In my absence, I authorise the supervisor to sign any written form of consent required by hospital authorities on my behalf, should the delay required to obtain my signature be considered likely to endanger my child's health by the said authority. In such circumstances, I understand that every effort shall be made to contact me prior to this action being taken.
<input type="checkbox"/>	I understand that the sessions are insured in respect of legal liabilities (public liability insurance) but personal accident insurance for my child is not covered. I also understand that any extension of insurance for my child is my responsibility.
<input type="checkbox"/>	I confirm that I have read, or been made aware of, the Club's policies and will abide by the following: <ul style="list-style-type: none"> <li>• Codes of Conduct for Parents, Coaches and Children</li> <li>• Anti-bullying Policy</li> <li>• Safeguarding Policy</li> <li>• Equality Policy</li> <li>• Data Protection Policy</li> <li>• Photography, Filming and Social Media Policies</li> </ul>
<input type="checkbox"/>	I can confirm that my child is aware of the Chelmsford Riverside Ice Skating Club Code of Conduct and Anti-Bullying Policy.
<input type="checkbox"/>	I give permission/do not give permission for my son/daughter/ to take part in photographs, any publicity shots or video footage for the Club.
<input type="checkbox"/>	I agree to pay due fees at the beginning of each quarter.

## Parent/Guardian

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

## New Member

(Signature only required for members aged 16+)

Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

