

# Oval Ski Club

## Family Membership Form

**Data Protection Statement:**

Please note the personal information you have entered on this form will only be used to contact you by the Club, and to assist the normal running of the Oval Ski Club. Your names and email address will be passed only to the governing body, Snowsport England and their insurers, in line with their requirements (they will not contact you). The information will NOT be supplied to any other third party.

All personal information will be held securely, and in accordance with the principles of the Data Protection Act 1988. The Oval Ski Club has a formal Data Protection Policy document that can be provided to members on request. You have the right to view the personal data held on you by the Club, by making a written request to the Club Secretary. The personal data held will only be the information you have supplied to the ski club.

To ensure the information the ski club holds is correct and up-to-date, please inform the Club of any changes to your contact details at your earliest convenience.

### Section 1 – Junior Member’s Details

Lead Name

Family Member 2

Family Member 3

Family Member 4

Family Member 5

\*DOB required for under 18’s only

Address

Postcode

Home telephone number

Parent/Guardian mobile number

Email (parent/guardian)

## Section 2 – Medical Information

Please detail below any important medical information for any member of your family that our instructors and helpers should be aware of (e.g. epilepsy, asthma, diabetes, allergies etc) and medication.

Condition (include family member affected):

Medication/instructions:

The Equality Act 2010 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 any of the family members to have a disability? Yes  No

If yes, what is the nature of the disability? Please specify family member list any special requirements they may have:

Visual impairment  Hearing Impairment  Learning Disability

Physical disability  Multiple disability  Other (please specify)

## Section 3 – Emergency Contact Details

**Name 1:**

Relationship to individual:

Home Tel:

Work Tel:

MobileTel:

**Name 2:**

Relationship to individual:

Home Tel:

Work Tel:

MobileTel:

- I enclose my annual membership fee of £ (cheques made payable to 'Oval Ski Club'). Membership year runs to 31 August each year, full annual fee is due regardless of date of joining.
- I give permission for any family member to receive medical or dental treatment in the event of an emergency and in accordance with the recommendations of a qualified medical practitioner. I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with the injury/illness appropriately
- I confirm that I have read, and will abide by the Parents Code of Conduct and Ethics, and my child/children has read and will abide by the Children's Code of Conduct
- I have read the photographic policy and give my consent to the Club photographing or videoing any member of my family's (including children), involvement in snowsports and publishing the photographs in Club publications, including social media such as Facebook and Twitter, or press articles according to the Club's Photographic Policy.
- By returning this completed Membership Form, I agree to my family taking part in the activities of Oval Ski Club.

Signature of Lead Member: \_\_\_\_\_ Date \_\_\_\_\_

