



SEAFORD LIFEGUARDS

MEMBERSHIP APPLICATION FORM 2016

Registered Charity No: 294836

PERSONAL DETAILS

TITLE	FORENAME	
SURNAME		
ADDRESS		
		POSTCODE
EMAIL		
D.O.B.	MALE	FEMALE
TELEPHONE		
MOBILE		
EMERGENCY CONTACT NO.		

PARENT/GUARDIAN DETAILS

TITLE	FORENAME	
SURNAME		
ADDRESS		
		POSTCODE
EMAIL		
TELEPHONE		
MOBILE		
PARENTAL CONSENT (for members under 18 years)		
SIGNED		DATED

MEDICAL DETAILS (operational members only)

Do you have any allergies or specific medical conditions requiring medical treatment and/or medication? YES (please specify) NO
Please provide details of special requirements, treatments and/or medication that you do NOT give permission to receive.

MEMBERSHIP DETAILS (age as of 1st January)

JUNIOR (14 to 17 years) £30	SENIOR (18 + years) £35
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REMITTANCE DETAILS (Membership runs from 1st January until the 31st December each year)

I enclose a cheque for: £
Please make cheque payable to Seaford Lifeguards and send your completed form to: Sue Gwilliam, Membership Secretary, Seaford Lifeguards, 7 Rugby Close, Seaford, BN25 3PQ Tele: 07897262149 Email: sue@seafordlifeguards.org

DECLARATION

TICK

I agree to abide by the rules of SLG/SLSGB including the Codes of Conduct & Safeguarding Policy	
I hereby give permission for the club to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking me personal consent.	
As a member of SLG/SLSGB, I look forward to receiving news about the activities and events available to me via post, email, social media, telephone & text.	
I hereby give my permission for SLG/SLSGB representatives to photograph/video my child during their involvement in SLG/SLSGB activities. I understand that these may be used for publication.	
SIGNED	
(MEMBER)	
DATE	

Making Memberships Go Much Further

Gift aid it

I would like to Gift Aid this donation. For every UK taxpayer* paying for a membership (including parents completing the form on behalf of a child), Gift Aid enables us to boost the value by 25p for every £1 of your membership fee.

*To qualify for Gift Aid, you must pay an amount of UK Income Tax and/or Capital Gains Tax at least equal to the (basic rate) tax that the charity reclaims on your donations in the appropriate tax year.

THE FOLLOWING IS TO BE COMPLETED IF APPLYING FOR OPERATIONAL MEMBERSHIP

DETAILS OF REFERENCES (two required)

Character (not a relative)

Relationship:

Name

Address

.....

Tele No:

Email Address:

Professional (employer, tutor)

Relationship:

Name

Address

.....

Tele No:

Email Address:

TO BE COMPLETED BY MEMBERSHIP SECRETARY:

SLG/SLSGB MEMBERSHIP FEE RECEIVED £30 £35

SLG ASSOCIATE MEMBERSHIP RECEIVED £5

MEMBER INTERVIEWED BY: SIGN: PRINT:

ROLE: OPERATIONAL - LIFEGUARD / LIFEGUARD SUPPORT
 ASSOCIATE
 MEDIC

APPROVED / DEFERRED / REJECTED

DATE: SIGNED:

CHAIR / VICE CHAIR