

MULTI SPORTS CLUB MEMBERSHIP DETAILS



PLEASE USE BLOCK CAPITALS and complete ALL sections.

Data Protection: The personal information on this form will be stored by the club, whilst you are a current member and given to sports coaches to enable them to plan and run sessions appropriately. The club will not pass any personal information to any outside organisation without prior permission. Your information will be removed from our records if you leave the club. Club Policies are on www.multisportsclub.org.uk.
Thank you.

CLUB MEMBER **VOLUNTEER** **COACH** **COMMITTEE MEMBER**

Surname:	
First name:	
Address:	
Post code:	
E-mail address: (will be used for correspondence to save postage costs)	
Contact phone number: Home	Mobile
Date of birth:	Sex: Male/Female
Details of illness, disability or injury:	
<input type="checkbox"/> asthma <input type="checkbox"/> Hearing impairment <input type="checkbox"/> autism <input type="checkbox"/> challenging behaviour <input type="checkbox"/> Visual impairment <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy <input type="checkbox"/> fits or fainting <input type="checkbox"/> heart condition <input type="checkbox"/> learning disability <input type="checkbox"/> adhd <input type="checkbox"/> muscle weakness <input type="checkbox"/> physical disability <input type="checkbox"/> sensory impairment <input type="checkbox"/> other (please specify)	
Please give additional relevant information/guidance to aid coaches when planning sessions	
MEDICAL INFORMATION	
Are you currently receiving medical treatment? If yes please give brief details	yes/no
Have you been given specific medical advice to follow in an emergency? If yes please give details	yes/no
Do you have any allergies we should be aware of? If yes please give details	yes/no
Do you have any current medication that will need supervision? If yes please give details	yes/no

EMERGENCY CONTACT 1

Name:

Address:

Phone: home:

Mobile:

EMERGENCY CONTACT 2

Name:

Address:

Phone: home:

Mobile:

GP's name:

Surgery name:

Surgery phone no:

Have you any further issues, not already stated, that you feel the club needs to know?

(Please provide details below)

CONSENT (please tick each box to indicate your agreement)

- I have given full medical details.
- I consider that I am capable of participating in the activities organised by the Club
- In the event of illness or accident I give my consent to any necessary medical treatment.
- I am aware that the Committee and Officials of the Multi Sports Club do not accept any liability for any accident or mishap that may occur at sports sessions, or at any other time.
- Sports are carried out at my own risk.

PHOTOGRAPHY

- Child Protection Guidelines recommend that we record the name and address of any spectator (including parents) who wishes to use video or close range photography to record activities. Please contact a member of the Management Committee if you wish to do this.
- The Multi Sports Club, and other approved organisations occasionally use images of club members for promotional purposes. These images may appear in our printed publications, on video, on our website, or on all three. We will not include any details or full names of any person with their image, without further permission.

If you **do not** give permission for images of the club member/volunteer named to be used in this way, please tick here

Please sign to indicate that you have read and accepted the conditions of membership

Name:..... *Club member over 18/Responsible adult

Signed

Date

ETHNICITY

Funding for the club comes mainly from grants, and providers ask for ethnicity information about our members/committee for their monitoring purposes.

Categories are taken from Ethnic Monitoring Categories listed by the Commission for Racial Equality, based on census questions.

What is your ethnic group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A White

- British
- Irish
- Any other White background, please write in

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in

D Black or Black British

- Caribbean
- African
- Any other Black background, please write in

E Chinese or other ethnic group

- Chinese
- Any other, please write in

Reviewed Mar 2023