Membership/Consent Form

Child Full Name: ____

Address: ____

____

____

___________________________Postcode: ____________

Tel (Home): ____ Tel(Work): _________________________

Mobile: ____ Email: _________________________

Date of Birth: ___________________School Year:__ ___ Age:_________ Gender: Male: ☐ Female: ☐

Ethnic Background (Please specify)

☐	White British	☐	White/ Black Caribbean	☐	Moroccan
☐	White Irish	☐	White/ Black African	☐	Somali
☐	Indian	☐	White/ Asian	☐	Chinese
☐	Pakistani	☐	Caribbean	☐	Arab
☐	Bangladeshi	☐	African	☐	Other, please state _________________

Medical Conditions (Please specify):

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Photographs, filming and recording interviews

Vallance Community Sports Association also on occasion need to commission photographs, filming and recording interviews for use in our publications, website and marketing materials. These are for both internal and external audiences. We always strive to make sure that members are completely happy to be involved in these projects by explaining what is involved first. The decision to be involved is entirely yours. Please do not feel under any pressure to take part.

If you do not want you or your child to take part in any photographs, filming or recording then please tick this box. ☐

Declaration and Parental/ Guardian Consent:

I wish to apply for membership to Vallance Community Sports Association and I agree to abide by the constitution and any other rules and regulations that govern Vallance Community Sports Association. I understand and accept that any breach of the constitution and other rules on my part will lead to the termination of my membership.

I wish my child to be allowed to take part in Vallance Community Sports Association activities. I agree to authorise the senior member of staff in charge to approve such medical treatment for my child as may be considered necessary by a hospital/ doctor where delay involved in contacting parents is considered prejudicial to the safety/ well being of my child. I understand that this approval will be given on my behalf if I am not contactable by phone at the number(s) provided.

Signed (Parent / Guardian/ Member*): ___________________________ Date: ______________________________

Name of (Parent/ Guardian/ Member): ___________________________

*Members who are 18+ do not need parent signature

FOR OFFICE USE ONLY

Name of Project Officer: ____________________ Date of Membership: ___________ Membership No: _________

Authorised by Admin Officer: ________________ Signature: ___________________ Date: ________________

Administration fee received: Yes/No