

## JUNIOR / YOUNG ADULT MEMBERSHIP FORM

We are very pleased to welcome you to WOW! - Wheels on Water

To ensure we have the correct contact details for you, please fill out this form and post/hand it to David Walker (18 Fern Close, Plympton, Plymouth, Devon, PL& 2JE), or hand it to the Mount Batten Centre , Plymouth.

If you are under 16, please ask your parent or carer to sign the form before it is returned. We will use this information to ensure that you are kept informed about club events.

Name

Address

Postcode

Main contact Number

Mobile\*

Email\*

Date of Birth

\* For reasons of good practice, if you are under 16 the mobile number given should be that of your parent or carer, the email address should be one that is accessible by your parent or guardian.

WOULD YOU LIKE THE MAIN CONTACT WITH THE CLUB TO BE:

**E-MAIL**  **PHONE**  **MOBILE**

CONFIDENTIAL WHEN COMPLETED

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## ETHNICITY

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

White  Black or Black British   
Mixed  Chinese or other ethnic group   
Asian or Asian British  Any other (please specify below)

## DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes  No   
If yes, what is the nature of your disability?

Please detail below any important medical information that MBC Instructors should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Visual impairment  Learning disability   
Hearing impairment  Multiple disability   
Physical disability  Other (please specify):

## SPORTING INFORMATION

If you are joining WOW! for the first time have you been sailing before?

Yes  No

## EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer:

Emergency contact number:

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities via the means stated. I also understand that I have a duty of care to ensure that my child is suitable dressed for the session. Where necessary it is a requirement that I will stay with my child until the session begins, helping them to get to the boats and in and out of waterproofs.

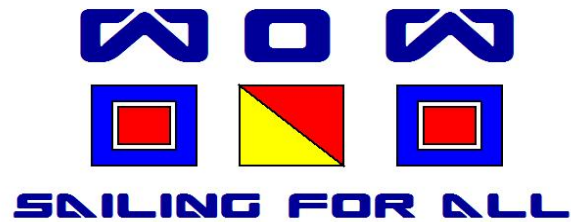
I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

**Name of parent/carer:**

**Signature of parent/carer:**

**Date:**

*Thank you for signing up for this activity. Your answers are confidential. We, WOW Sailing regard your privacy important and will not forward the information held on this form to any third party or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998.*



## PARENT / CARER MEMBERSHIP FORM

We are very pleased to welcome you to WOW! - Wheels on Water. Every session relies on the help of adult volunteers, mainly parents or carers of those young people taking part in the activity. Thank you for agreeing to help make the sessions viable for the young people.

As a member of the group and a participant in WOW! activities it is necessary that the group keeps a record of your contact details for use by the committee and/or the Mount Batten Centre instructors. We will also use this information to ensure that you are kept informed about club events.

Name

Address

Postcode

I am the parent / carer of

Home telephone number

Mobile\*

Email\*

Date of Birth

## ETHNICITY

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

- |                        |                          |                                  |                          |
|------------------------|--------------------------|----------------------------------|--------------------------|
| White                  | <input type="checkbox"/> | Black or Black British           | <input type="checkbox"/> |
| Mixed                  | <input type="checkbox"/> | Chinese or other ethnic group    | <input type="checkbox"/> |
|                        | <input type="checkbox"/> |                                  |                          |
| Asian or Asian British | <input type="checkbox"/> | Any other (please specify below) |                          |

## DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability?    Yes     No   
If yes, what is the nature of your disability?

Please detail below any important medical information that MBC Instructors should be aware of (e.g. epilepsy, asthma, diabetes etc.)

- |                     |                          |                         |                          |
|---------------------|--------------------------|-------------------------|--------------------------|
| Visual impairment   | <input type="checkbox"/> | Learning disability     | <input type="checkbox"/> |
| Hearing impairment  | <input type="checkbox"/> | Multiple disability     | <input type="checkbox"/> |
| Physical disability | <input type="checkbox"/> | Other (please specify): |                          |

## SPORTING INFORMATION

If you have any sailing experience or qualifications please give details below

## EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name:

Emergency contact number:

By returning this completed form, I agree to be a helper during WOW! sessions. I agree to treat all young people with respect and understand that I may be required to help with young people other than my own child. I also understand that I will be required to pay the £2.50 session fee, all of which will go towards a fund to help sustain WOW! activities.

**Name:**

**Signature:**

**Date:**

*Thank you for signing up for this activity. Your answers are confidential. We, WOW Sailing regard your privacy important and will not forward the information held on this form to any third party or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998.*