

Office Use Only: Photo Y/N EA Y/N ID Y/N

Authorised by \_\_\_\_\_ Date: \_\_\_\_\_

Membership Type: Friend / Carer / Family / Care Provider/Volunteer

## Multi / Family / Carer / Volunteer / Care Provider Membership Form

This form should be used to record who attends with each Disabled Member, if a carer / family member has any health information to declare (eg those highlighted at the bottom of this form) a Group Membership Form must also be completed.

Member with a disability: \_\_\_\_\_ Date of Birth \_\_ / \_\_ / \_\_\_\_ .

By signing this form you are agreeing to the Terms & Conditions on the reverse, confirm you will notify SDSG of any changes to your health and that you will complete a new Group Membership Form before participating in group activities if there is a change:

| Name of those attending<br>Eg: Mr Simon Example | DOB | Further Information Provided Y/N | Photo Consent Y/N | Signature of member or authorised person<br>(aged 16-17 also need counter signing) | Date |
|---|-----|----------------------------------|-------------------|--|------|
|   |     |                                  |                   |  |      |
|   |     |                                  |                   |  |      |
|   |     |                                  |                   |  |      |
|   |     |                                  |                   |  |      |
|   |     |                                  |                   |  |      |

If you meet any of the following statements please provide further information on a Group Membership Form:

- Do you have a disability?
- Heart disease, a heart defect or high blood pressure?
- Do you have a blood clotting disorder?
- Are you diabetic?
- Have you ever had major surgery or a serious illness?
- Do you have any allergies?
- Do you have asthma or other breathing difficulties?
- Learning difficulty?
- Have you ever had heat stroke or exhaustion?
- Do you have bone or joint problems?
- Do you have seizures, epilepsy or fainting spells? (If yes, risk assessment required)
- Do you use any walking aids?
- Do you use a wheelchair (If so, please undertake your own risk assessment and complete Group M Form)

**Emergency Contact / Care Provider Details**

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

**Contact name:** \_\_\_\_\_

**Emergency contact number:** \_\_\_\_\_

**Funding** To enable SDSG and our Governing Body NASCH to apply for funding, please confirm if you are in, or were in the Armed Forces. E.g. RAF 2.

RAF \_\_\_\_\_ Royal Navy \_\_\_\_\_ Army \_\_\_\_\_

(Do not include anyone who has completed a Group Membership Form)

**Ethnicity** In order to help the group monitor its membership please identify your ethnic group/origin by number. I.e. Black African 2.

- |   |   |   |   |   |
|---|---|---|---|---|
| <b>A. White</b>                                   | <b>B. Mixed</b>                                   | <b>C. Asian or Asian British</b>                  | <b>D. Black or Black British</b>                  | <b>E. Chinese or other ethnic group</b> |
| British _____                                     | White & black Caribbean _____                     | Indian _____                                      | Caribbean _____                                   | Chinese _____                           |
| Irish _____                                       | White & Asian _____                               | Pakistani _____                                   | African _____                                     | Any other (please specify) _____        |
| Any other white background (please specify) _____ | White & Black African _____                       | Bangladeshi _____                                 | Any other Black background (please specify) _____ |   |
|   | Any other mixed background (please specify) _____ | Any other Asian background (please specify) _____ |   | <b>F. Prefer not to say</b> _____       |

**Terms & Conditions**

By signing this form I agree to abide by SDSG’s codes of conduct, policy’s and rules and that a copy of these were available to read at the time of signing this form. I understand SDSG cannot take responsibility for any of my belongings and I should use a locker at all times. No refund of membership fees will be made and SDSG reserves the right to change, withdraw or cancel any swim night, competition, social event or any such activity without giving a reason and without notice. I consent to SDSG to store and process information about me both electronically and in paper form and I accept that SDSG reserves the right to do this securely outside of the European Economic Area (“EEA”). During my time at SDSG I understand I may gain privileged information (eg those classed as personal or sensitive information) and accept any such information will never be disclosed to anyone, other than SDSG officials in accordance with confidentiality. I am aware and accept that I must wear non-marking shoes and comply with all notices and signs displayed at any centre to which we occupy as part of SDSG. I accept that SDSG cannot take responsibility for any member, therefore anyone who is not sufficiently independent for the groups activities or anyone who is under 8 years of age or deemed not to hold sufficient capacity to make decision with regard to their safe participation must be accompanied by an adult at all times. Furthermore, I will have regard for the safety of, and behave considerately towards other members, colleagues, officers, the building and equipment. I accept that all equipment is supplied and operated in good faith and I use them at my own risk. Unless identified on the reverse of this form, I consent to SDSG taking photographs/video film (i.e. image) and to use them to promote SDSG work. I give absolute right for SDSG to use the images for any purpose in the spirit of the group, without limitation, the right to use them in any type of media throughout the world, wherever SDSG chooses to do so. I understand that I do not own copyright or have any rights of ownership or other claim over the image(s). I will not make any claim in relation to privacy, defamation or passing off in relation to any uses of the images. I understand SDSG will keep all the images and use them for such a period, as it considers appropriate, and will move them into its archive for posterity once they are no longer appropriate for current use. I acknowledge that SDSG and any centre, such as Scarborough Indoor Pool or any other third party may carry out general filming and sound recording. Entry to these areas / activities / centres signifies your consent to them being used perpetuity and in all media without any right to payment or any such claim of ownership, privacy or defamation. I understand and accept that I will carry out my own risk assessments for the moving and handling of people, ie before attempting to transfer others to a Pool Hoist Chair, changing bed or any such equipment/platform. I accept that SDSG cannot provide advice or support in relation to manual handling beyond operating the pool hoist on poolside and if I am in any doubt I will seek independent professional advice before attending SDSG sessions. I acknowledge if I wish to use the changing room hoist or multi height bed I should request training (and refresher training every two years) with the venue operator. I agree that I will only partake in SDSG activities if I am medically fit to do so. I am aware of and accept the potential dangers and risks associated with swimming and I agree that I participate at my own risk.

I am aware of and accept the information provided on this form may be given to the pool venue operator and other partner organisations and contractors in the interests of health and safety, safeguarding and also (where indicated) the issuing of Everyone Active Membership Cards. Opt-in consent can be withdrawn at any time by emailing [contactus@sds.org.uk](mailto:contactus@sds.org.uk). Alternatively, please complete a new form during any SDSG swim session.