

Name:

ARUN YOUTH AQUA CENTRE

JUBILEE COMPOUND, HENDON AVE, L'HAMPTON BN16 2NB Tel: 07731 790598 Email: admin@ayac.org.uk Registered charity number 1001294

ADULT ASSOCIATION FORM (CONFIDENTIAL)

Fmergency Contact Name

Address:	Emergency Tel:		
	Email address:		
Home tel:	Registered GP Practice & GP Name		
What relevant sailing qualifications and first aid d			
Can you offer any other expertise to help assist w	vith the club:		
Please give the following information, so in the unlikel it is your responsibility to inform the Club/Chief Insti		ven. Plea	se note:
Are you known to be allergic to any of the following? Drugs, medicines, materials, foods, plasters or any other allergen		YES 🗆	NO 🗆
Do you have any injuries which may affect your participation at the club		YES 🗆	NO 🗆
Are you receiving any medical or surgical treatment from your doctor or hospital or have you YES D NO D been given specific medical advice to be followed in an emergency?			
If the answer to any of the above is YES, please give in	formation below		
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DISCLAIMER

Water activities will be supervised in accordance with the guidance of the appropriate National governing body of the activity, and staffed by appropriately qualified and experienced instructors.

The Centre reserves the right, at all times, to cancel sessions at its discretion.

All memberships are accepted on the understanding that any instructions or directions given by any member of the Centre's staff are to be observed. Participants are asked to respect the equipment provided. Failure to do so will lead to could lead to withdrawal of membership.

The Centre is an entirely run voluntary body. It is a condition of membership that the members are familiar with relevant procedures, agree to undergo a DBS check, assist with the beach duty rota and in whatever way they can contribute to the safe and effective running of the Centre.

In participating in activities of Arun Youth Aqua Centre (the Centre), I recognise that all water sports are considered a hazardous activity, I agree that I will not hold the Centre, its officers, members or assistants liable for any injury or damage or loss suffered while engaged in Centre activities either on Centre premises or elsewhere, or activities for which the Centre is or may be responsible and I hereby indemnify the Centre, its officers, members and assistants against all actions, claims or demands which might arise unless from deliberate or negligent act.

I understand and agree that I may be photographed/videoed by the Centre, or its agents and any photograph/video may be used for any lawful purposes and I hereby waive any copyright thereto.

I agree the information provided may be used by the Centre or a designated committee member for communication or administrative purposes within the terms of GDPR and it will not be supplied to third parties.

I declare that I have disclosed any medical problems/allergies that might possibly affect the above named during the course of Centre activities.

I consent to any emergency medical treatment necessary during the course of water activities.

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Printed Name of Member	Date:	.//	
Date of issue: (Office use only)//		RYA	Training Centre

Signature of Member