



ARUN YOUTH AQUA CENTRE

JUBILEE COMPOUND, HENDON AVE, L'HAMPTON BN16 2NB

Email: admin@ayac.org.uk

Registered charity number 1001294

Member details

Name:	Name:
Address:	Address:
Post code:	Post code:
Telephone:	Telephone:
Mobile Email	Mobile Email
Please give details of School (inc. name of Head Teacher) of school currently attended:	
Please list any RYA/ LSS Qualifications held:	
Parent volunteer info, please indicate where your skills & interests are General/Boat Maintenance/Finance/Social activities/Fundraising:	
Membership fee £210	
I am paying by Cheques / Postal Orders <input type="checkbox"/> made payable to "Arun Youth Aqua Centre"	I am paying by Bank transfer <input type="checkbox"/> Lloyds Bank A/c 00002608 . Sort Code 30-95-09 (Please include the members name as reference)
Data Protection. The AYAC will not pass on or share any of your personal details to any organisation or persons. In order that we may contact you and in agreement with the AYAC holding your details please tick the consent box <input type="checkbox"/>	
I understand and agree that he/she may be photographed/videoed by the Centre, or its agents and any photograph/video may be used for any lawful purposes and that the member above can appear in photographs taken at AYAC that may be published on the Club website, Social Media, in Club publications or displayed in the Club House. and additionally waive any copyright thereto by ticking the consent box <input type="checkbox"/>	
Please return this completed form with your remittance and any donation to: AYAC Secretary c/o 34 Cudlow Avenue, Rustington, Littlehampton, West Sussex. BN16 2HF.	

Gift Aid Declaration

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

Please treat as Gift Aid donations all qualifying gifts of money made
today ☐ in the past 4 years ☐ in the future ☐
Please tick all boxes you wish to apply.

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

(Please print clearly)

Title _____ First name or initial(s) _____

Surname _____

Full Home address _____

Postcode _____ Date _____

Please notify the AYAC if you:

- Want to cancel this declaration
- Change your name or home address
- No longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.





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MEDICAL DECLARATION (CONFIDENTIAL UNDER18)

Child's Full Name:	Parent/Guardian Name:
Childs D.O.B & Age:	Emergency Tel:
Childs Home Address:	Alternative Emergency Tel:
	Mobile Tel (if different from above):
Home Tel:	Email address:

Registered GP Practice & Name of GP:

Please give the following information so your child can be properly supervised in the care of the Centre and also, in the unlikely event of an accident, correct treatment can be given. Please note: it is your responsibility to inform the Centre/ Chief Instructor of any relevant medical conditions.

Is your child receiving treatment for any of the following conditions? YES ☐ NO ☐

Asthma, bronchitis, heart condition, fits, black outs, fainting, severe headaches, diabetes or travel sickness

Is your child known to be allergic to any of the following? YES ☐ NO ☐

Drugs, medicines, materials, foods, plasters or any other allergen

Does your child have a disability, learning difficulty or medical condition that may affect their learning YES ☐ NO ☐

Is your child receiving any medical or surgical treatment from your doctor or hospital or have you been given specific medical advice to be followed in an emergency? YES ☐ NO ☐

If the answer to any of the above is YES, please give information below

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Has your child been vaccinated against TETANUS in the last 10 years YES ☐ NO ☐

YOUTH SAILING – PARENTAL 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 could lead to withdrawal of membership.

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

**In allowing (Name of Child)
to participate in activities of Arun Youth Aqua Centre (the Centre),**

My child has permission to leave unaccompanied. YES ☐ NO ☐

I recognise that all water sports are considered a hazardous activity, I agree that I will not for myself or for the above named hold the Centre, its officers, members or assistants liable for any injury or damage or loss suffered by the above named while engaged in Centre activities 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 accept responsibility for his/her conduct while participating in Centre activities. I understand that the decision to allow the above named to participate in any Centre Activity is my sole responsibility. I declare that the above named is water confident and will be suitably attired for water activities.

I understand and agree that he/she 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 Centre activities.

Signature of Parent/Guardian.....

Printed Name of Parent/Guardian

Date:/...../.....

