

# New membership form

 Vikings

 Vikings


If you are under 18, please also 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.

## Members Details

Name:

Address:

Postcode

Home Phone Number

Mobile\*

(Parents unless racer over 18)

Email\*

(Parents unless racer over 18)

Date of Birth

Home nation registration no.  
(i.e. Snowsport England)

\* Neither the mobile number nor the email should be that of the child, this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

## Photographs

Photographs of the children are sometimes taken and may be published on the website, notice board or in the local press. If you do NOT consent to photographs being used in this way please tick this box.

Photographs may be passed on (no names will be given) to other organisations i.e. Snowsport England, for promotional purposes. If you do NOT consent to photographs being used in this way please tick this box.

## 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.

A. White

British

Any other white background (please specify)

Irish

B. Mixed

White & Caribbean

Any other mixed background (please specify)

White & Asian

White & Black African

C. Asian or Asian British

Indian

Any other Asian background (please specify)

Pakistani

Bangladeshi

D. Black or Black British

Caribbean

Any other Black background (please specify)

African

E. Chinese

or other ethnic group

Chinese

Any other (please specify)

F. No Declaration

**Sporting Information**

Have you taken part in ski racing before joining the Vikings?

Yes  No

If yes where have you raced before?

Outdoor artificial slope

Indoor snow

Resort

What is your skiing experience?

**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 our coaches/junior coordinator should be aware of:

Visual Impairment

Hearing Impairment

Physical disability

Learning disability

Multiple disability

Other (please specify)

**Medical Information**

Please detail below any important medical information that our coaches/Junior Coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

**Emergency contact details**

To be completed by parent or carer. Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Name

Contact number

**Mailing Lists**

We will add your email address to the club database, you will then receive all the emails for the club members, including details of races, events and other important information. If you do NOT wish to receive these emails please tick this box.

The Vikings are an active member of ERSA, one of the eight regions that are currently affiliated to the national governing body of skiing, Snowsport England. As a member you will receive emails direct from ERSA, if you do NOT wish to receive these emails please tick this box. These emails are mainly about the Ersa races and include race reports and results.

**Finally**

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 – for example timing and transport details. 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.

tick if member under 18

Full Name (Block Capitals) \_\_\_\_\_

Signature of parent/carers/racer: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by the member or by the parent/carers if the member is under 18 years of age

In signing this membership form the racer (or parent/carers on their behalf) has joined a race club who's primary objective is training them to represent the team in ERSA races and beyond. Therefore they are committing to attend as many ERSA races as possible. In doing so they have also agreed to abide by the Code of conduct for participants and/or the code of conduct of Parent/carers. If you are signing this on behalf of a member that is under 18, please ensure that you have read and explained the **Code of Conduct for Participants** to the racer.

For office use only	AP	DOP	DB	No.	
---------------------	----	-----	----	-----	--