

# Membership form

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:	<input type="text"/>
Address:	<input type="text"/>
Postcode	<input type="text"/>
Home Phone Number	<input type="text"/>
Mobile* (Parents unless racer over 18)	<input type="text"/>
Email* (Parents unless racer over 18)	<input type="text"/>
Date of Birth	<input type="text"/>
	Snowsport England registration number (if known).
	<input type="text"/>

\* 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/carers.

## Photographs

Suffolk Vikings are keen to promote positive images of participants, including children, involved in snowsports activities. We do not prevent the use of photographic or video equipment and as such seek your permission to allow this. Please see our guidance for photographic and video use which can be found on our website.

Consent Information	
To be completed by Suffolk Vikings member or parent/guardian if under 18: I give permission for my photograph/video/image to be used: <ul style="list-style-type: none"><li>◦ within the club for display purposes</li><li>◦ within other printed publications</li><li>◦ on the club's website, social media pages and YouTube etc</li><li>◦ for coaching and analysis purposes</li><li>◦ I give permission for my name to be published alongside these images</li></ul> Please delete as applicable.	
Signature of Suffolk Vikings member	Print name of Suffolk Vikings member
<input type="text"/>	<input type="text"/>
Date: <input type="text"/>	

## 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	<input type="checkbox"/>	Any other white background (please specify)
	Irish	<input type="checkbox"/>	
B. Mixed	White & Caribbean	<input type="checkbox"/>	Any other mixed background (please specify)
	White & Asian	<input type="checkbox"/>	
	White & Black African	<input type="checkbox"/>	
C. Asian or Asian British	Indian	<input type="checkbox"/>	Any other Asian background (please specify)
	Pakistani	<input type="checkbox"/>	
	Bangladeshi	<input type="checkbox"/>	

D. Black or Black British	Caribbean	<input type="checkbox"/>	Any other Black background (please specify)
E. Chinese	African	<input type="checkbox"/>	_____
or other ethnic group	Chinese	<input type="checkbox"/>	Any other (please specify)
F. No Declaration		<input type="checkbox"/>	_____

### 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

Visual Impairment	<input type="checkbox"/>	Other (please specify) <div style="border: 1px solid black; width: 400px; height: 100px; display: inline-block; vertical-align: top;"></div>
Hearing Impairment	<input type="checkbox"/>	
Physical disability	<input type="checkbox"/>	
Learning disability	<input type="checkbox"/>	
Multiple disability	<input type="checkbox"/>	

### 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
<div style="border: 1px solid black; width: 435px; height: 20px;"></div>	<div style="border: 1px solid black; width: 375px; height: 20px;"></div>
<div style="border: 1px solid black; width: 435px; height: 20px;"></div>	<div style="border: 1px solid black; width: 375px; height: 20px;"></div>

### Mailing Lists (GDPR revised)

We will store your details in line with our Privacy Policy. We would also like to add your email to our club list, you will then receive all the emails for the club members, including details of races, events and other important information. If you wish to receive these emails please tick this box.

☐

### 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 location 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.