



Return to: Secretary
c/o 62 White Horses Way
Littlehampton BN17 6NR

ARUN YOUTH AQUA CENTRE
Jubilee Compound
Littlehampton
Registered Charity No 1001294

Temporary Membership Application (for members under 18 years)

Please complete all sections in Block Capitals

Members details

First name	Surname/family name
Home Address	
Date of birth	Age
Please give details of School (inc. name of Head Teacher) of school currently attended:	

Parent/guardian/person with legal responsibility

First name	Surname/family name
Relationship to child	
Home Number	
Mobile Number	
Email address	

Medical information

It is your responsibility to make known any disability/medical condition that may affect your child during their visit, and any medication that they may require. This information will be shared with those responsible for supervising the Centre Sessions.

Name of Family Doctor	Telephone Number
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Has your child ever suffered from any of the following conditions:

Asthma/bronchitis, heart condition, fits, fainting or blackouts, severe headaches, diabetes? YES / NO

If YES please provide details, including any specific medical advice to be followed in an emergency:

Is your child currently taking any medication?	YES / NO
If YES please specify:	
When did your child last have a tetanus vaccination?	Year:
Is your child currently suffering/recovering from any injuries which may affect their participation in Water Sports?	YES / NO
If YES please provide details:	

Does your child have any food allergies?

YES / NO

If YES please provide details:

Does your child have a disability, learning difficulty or medical condition which may affect their learning (ability to participate in practical or theoretical sessions)? YES / NO

If YES please provide details:

Declaration of parent or person with legal responsibility

I the parent/guardian of _____ hereby acknowledge that I have read the attached conditions of membership and that I fully understand them. I have explained them to my child, who understands and agrees to abide by them.

Medical consent

I give permission to Arun Youth Aqua Centre to administer any relevant treatment or medication to the above-named participant when or if necessary. In an emergency situation I authorise Arun Youth Aqua Centre to take my child to hospital and give my full permission for any treatment required to be carried out in accordance with the hospital's diagnosis. I understand that I shall be notified, as soon as possible, of the hospital visit and any treatment given by the hospital.

Consent for use of images

I grant to Arun Youth Aqua Centre without payment the right in perpetuity to make, use and show any motion pictures, still pictures and live, taped or filmed television of or relating to Centre Sessions.

Conditions of Membership

I agree to notify the Centre of any relevant changes in my child's circumstances.
I confirm that my child is not under a court order.

Signed: (participant)

Signed: (parent/guardian).....

Name: (please print) Date:

Charity Gift Aid Declaration

Gift Aid is reclaimed by AYAC for membership fees from the tax you pay for the current tax year. The address above will be used to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

I want to Gift Aid my donation of £_____ to: Arun Youth Aqua Centre

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

My Details

Title _____ First name or initial(s) _____

Surname _____ Date _____

Please notify AYAC if you: want to cancel this declaration /change your name or home address or it is different from the membership application /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.