TOGETHER WE CAN DO

Registered Charity No. 1192282

2024 MEMBERSHIP

To ensure we have the correct contact details for you, please fill out this form and give it back to the Registration Officer.

We will ensure that this information is kept secure whilst you remain a member. It will be used to ensure that you can safely take part in our activities and to keep you informed about future events. Information will only be provided to other parties if deemed necessary to support a response to an accident, illness or other emergency

MEMBERS DETAILS

First Name

Surname

Date Of Birth D D M M Y Y

Gender

Address (inc postcode)

Landline

Mobile

Email

Preferred method of communication **Post** **Phone** **Email**

Disability

The Equalities Act 2010 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**

Are you able to evacuate from a building without help? **Yes** **No**

Health Conditions

Please detail any health conditions information that we should be aware of (eg epilepsy, asthma, diabetes etc.)

Urgent Medical Treatment

Do you have health conditions which may require urgent medical treatment? **Yes** **No**

Please list any specific exercises or sport you cannot take part in.

EMERGENCY CONTACT DETAILS

First Name

Surname

Contact Tel 1

Contact Tel 2

Address (inc postcode)

TOGETHER WE CAN DO

Registered Charity No. 1192282

2024 MEMBERSHIP

Relationship to member

If the emergency contact is a family member, please also provide details of the member's care provider.

DECLARATION OF MEMBER & (WHERE APPROPRIATE) PARENT OR CARER

The Membership Conditions and Code of Conduct have been explained to me and I agree to abide by them.

I agree that personal information required to ensure my health and safety during the sessions can be provided to Together We Can Do coaches / instructors / volunteers and relevant personnel at venues where activities are planned to take place.

I consent to any emergency medical treatment deemed necessary during sessions organised by Together We Can Do.

	Name	Signature	Date
Member			
Advocate (where appropriate)			

CONFIRMATION BY "RESPONSIBLE PERSON" (PARENT, GUARDIAN OR ADULT CARER) - IF THE MEMBER LACKS CAPACITY OR IS UNDER 18 YEARS OLD

I give my permission for the above to take part in the activities organised by Together We Can Do and for personnel information to be provided to relevant parties where required.
I consent to any emergency first aid treatment necessary during sessions.

I authorise the supervisor to sign any written form of consent required by hospital authorities on my behalf, should the delay required to obtain my signature be considered likely to endanger their health by the said authority. In such circumstances I understand that every effort will be made to contact me prior to this action being taken.

I understand that the sessions are insured in respect of legal liabilities (third party and public liability) and note that personal injury and theft / damage to personal property is not covered. I accept that is my responsibility to obtain insurance for these purposes if I deem it is necessary.

Name	Signature	Date

PHOTOGRAPHY AND SOCIAL MEDIA PERMISSION

I give permission / do not give permission (delete as appropriate) for the member be filmed or photographed.

Signature

I give permission / do not give permission (delete as appropriate) for images of the member to be used on external publications, social media etc.

Signature