

Office Use Only: Photo Y / N EA Y/N ID Y/N Authorised by _____ Date: _____ Membership Type: Disability / Carer / Family / Junior / Volunteer

Year joined: _____

Group Membership Form

To ensure we have the correct contact details for you, please complete this form. We will use this information to ensure that you are kept informed about group activities, events, and to help you keep safe during your time with us.

Part One (Proof of ID required)

Name (Mr/Mrs/Ms/Miss) _____

Address _____

Postcode _____

Home telephone _____ Mobile _____

Email _____ Date of Birth __ / __ / ____

Doctor Information

Doctors name/practice _____ Telephone _____

Address _____ Postcode _____

Support (to enable us to work together please tick/complete all that apply)

Are you in supported housing? Do you receive support from a care provider?

Organisation: _____ House: _____

Key worker: _____ Contact no: _____

Education details (Junior Members only)

Name of school / education provider: _____

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident/concern.

Contact name e.g. spouse/parent/ carer/ care home: _____

Emergency contact number: _____

Part Two Disability / Condition / Diagnosis

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

What is the nature of your health condition? (Please tick all that apply)

- | | | | |
|---------------------|--------------------------|------------------------|--------------------------|
| Visual impairment | <input type="checkbox"/> | Learning impairment | <input type="checkbox"/> |
| Hearing impairment | <input type="checkbox"/> | Multiple disabilities | <input type="checkbox"/> |
| Physical impairment | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> |

Questions About your Health (please tick all that apply and delete where appropriate)

Heart disease, a heart defect or high blood pressure?	<input type="checkbox"/>	Do you have any allergies, if so, do you carry an EpiPen? (delete as appropriate) *Please refer to the venues's policy on EpiPens and provide further informaion in Park Eight.	<input type="checkbox"/>	Do you have seizures, epilepsy or fainting spells*?	<input type="checkbox"/>
Do you have a blood clotting disorder?	<input type="checkbox"/>	Do you have asthma or other breathing difficulties?	<input type="checkbox"/>	Do you have a loud sound or flashing light intolerance*?	<input type="checkbox"/>
Are you diabetic?	<input type="checkbox"/>	Do you use sharps*? (needles) *see venue's sharps policy	<input type="checkbox"/>	Do you use any walking aids or a wheelchair*?	<input type="checkbox"/>
Have you ever had major surgery or a serious illness?	<input type="checkbox"/>	Do you have bone or joint problems?	<input type="checkbox"/>	Have you ever had heat stroke or exhaustion?	<input type="checkbox"/>
Do you wear/use incontinet pants/pads*?	<input type="checkbox"/>	Do you use a catheter*? *Certain precautions are required before entering the pool. Please discuss the process with your doctor before attending, they may have advice specific to your situation.	<input type="checkbox"/>	Do you have AIDS/HIV or any other infection disease?	<input type="checkbox"/>

*Please refer to the venues's policy on disposal.

(Please continue below)

If you have answered YES to ANY of the above questions and / or you wish to inform SDSG of any other aspect of your health, please explain in the space below. If you need more space, please also use Part Eight.

Part Three Additional information

Have you been swimming before? Yes No* * See Appropriate Swimwear Policy

If yes, please tick all that you have attended:

Another swimming Group _____	<input type="checkbox"/>	Local authority session(s)	<input type="checkbox"/>	Swimming competitions	<input type="checkbox"/>
Special Olympics	<input type="checkbox"/>	Paralympics	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

During SDSG Sessions:

Do you swim well alone?	<input type="checkbox"/>	Do you need a carer to swim with you? *one/two?	<input type="checkbox"/>	Do you need floatation aids?	<input type="checkbox"/>
Can you go out of your depth in the pool?	<input type="checkbox"/>	Can you swim the width of the pool?	<input type="checkbox"/>	Can you swim the length of the pool?	<input type="checkbox"/>
Is your carer attending?	<input type="checkbox"/>	Do your require the use of the hoist/pool platform?* *See SDSG risk assessment, associated guidance and weight restrictions. Venue provides training.	<input type="checkbox"/>	Do you use a transfer board or need help transferring*? *Please carry out your own risk assessment and refer to equipment guidance/weight.	<input type="checkbox"/>

Reason(s) for wishing to join SDSG?

Rehabilitation / fitness Recreational / social / wellbeing Swimming competitions / learn to swim

Further explanation: ie volunteering _____

Part Four Membership In order to help the group monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A. White

British
Irish
Any other white Background (please specify) _____

B. Mixed

White & black Caribbean
White & Asian
White & Black African
Any other mixed background (please specify) _____

C. Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background (please specify) _____

D. Black or Black British

Caribbean
African
Any other Black background (please specify) _____

E. Chinese or other ethnic group

Chinese
Any other (please specify) _____

F. Prefer not to say

To enable SDSG and our Governing Body NASCH (National Association for Swimming Clubs for the Handicapped) to apply for funding, please confirm if you are in, or were in the Armed Forces.

RAF Royal Navy Army Prefer not to say

Part Five Terms & Conditions

By completing this form I agree to abide by SDSG's codes of conduct, policy's, Emergency Action Plans and rules and that a copy of these were available to read at the time of signing this form. I understand SDSG cannot take responsibility for any of my belongings, I should use a locker at all times and all emergency medicine should be left on poolside. No refund of membership fees will be made and SDSG reserves the right to change, withdraw or cancel any swim night, competition, social event or any such activity, term or condition of membership without giving a reason and without notice. SDSG reserves the right to request that any person leave an activity/venue if that person's conduct is unacceptable (as deemed by a member of The Board of Trustees). I am aware and accept that I must wear non-marking shoes and comply with all notices and signs displayed at any centre to which we occupy as part of SDSG. I accept that SDSG cannot take responsibility for any member, therefore I accept anyone who is not sufficiently independent for the groups activities or anyone who is under 8 years of age will be accompanied by an adult at all times. Furthermore, I will have regard for the safety of, and behave considerately towards other members, colleagues, officers, the building and equipment. I am aware of and accept the potential dangers and risks associated with swimming and I agree that I participate at my own risk. I accept that all equipment is being supplied and operated in good faith and I will use them at my own risk. I agree that I will only partake in SDSG activities if I am medically fit to do so. During my time at SDSG I acknowledge I may gain privileged information (e.g. those classed as personal or sensitive information) and accept any such information will never be disclosed to anyone, other than SDSG officials in accordance with confidentiality. I understand and accept that I will carry out my own risk assessment and method statement for the moving and handling of people, i.e. before attempting to transfer myself or others to a Pool Hoist Chair, changing bed or any such equipment. I accept that SDSG cannot provide advice or support in relation to manual handling beyond operating the pool hoist on poolside and if I am in any doubt I will seek independent professional advice before attending SDSG sessions.

I acknowledge if I wish to use the changing room hoist or multi height bed I should request training (and refresher training every two years) with the venue operator and this should be completed before use. Lifts should be carried out by two or more trained people and in accordance with the equipment guidelines (including carrying out a full visual check before each use).

SDSG Rules

- Obey instructions from pool staff, SDSG volunteers and SDSG officials
- Obey pool notices
- Respect all persons and property
- Not cause danger to themselves or others (NO DIVING)
- Members must inform us of any change in medication and circumstances
- Not cause annoyance to others

Part Six - Consent

I acknowledge that SDSG and any centre, such as Scarborough Sports Village, or any other third party may carry out general filming and sound recording. Entry to these areas / activities / centres signifies my consent to them being used perpetuity and in all media without any right to payment or any such claim of ownership, privacy or defamation.

I consent to SDSG to store and process information about me both electronically and in paper form and, I accept that SDSG reserves the right to do this securely using a cloud service, for the purpose of administering my membership and participation in SDSG sessions, events and activities (may they be provided by SDSG or a third party).

I consent to Scarborough Disabled Swimming Group sharing both personal and sensitive information about me, where appropriate in line with “need to know” principles, with the pool venue operator and other partner organisations, including any third party who may be contracted to undertake work for or on behalf of SDSG for purposes connected with my participation in the charity. A copy of SDSG’s Data Privacy Notice and SDSG’s Data Protection Policy was available to me before signing this form.

Opt In Consent

I consent to Scarborough Disabled Swimming Group, its Trustees and nominated officials to:		
take photographs/video film (i.e. image) and to use them to promote SDSG work. I give absolute right for SDSG to use the images for any purpose in the spirit of the group, without limitation, the right to use them in any type of media throughout the world. I also consent to such images being archived for posterity once they are no longer appropriate for current use and confirm I will not make any claim in relation to privacy, defamation or passing off in relation to any uses of the images;	Imagery	Please tick this box <input type="checkbox"/> if you give consent to images being taken/used in this way
share the information provided with SLM Ltd T/A Everyone Active to enable the issuing of an Everyone Active Membership Entry Card;	Everyone Active Membership Card	Please tick this box <input type="checkbox"/> if you give consent to your contact details and association with SDSG being shared in this way
work in partnership with my doctor/medical professional should SDSG require any advice or further clarification on my health or wellbeing and in doing this, I also authorise my doctor/medical professional to provide this information to SDSG (verbally or in writing).	Medical Professional	Please tick this box <input type="checkbox"/> if you give consent to your medical details being passed onto the charity

Consent can be withdrawn at any time by emailing contactus@sdsd.org.uk. Please state consent withdrawal in the subject and provide your full name and address. Alternatively, please complete a new form during any SDSG swim session.

Part Seven - Signatory

The person(s) signing this form certifies that the information provided in this form is correct, that any health changes will be duly reported (and a new form completed before participating in group activities). They also declare that they agree to the above-mentioned consents (Part 6) and agree to the above SDSG membership terms & conditions (Part 5) and any such amendment publicised.

Print name: (Mr/Mrs/Ms/Miss) _____

Signed: _____ Date: _____

Counter Signatory (CS) (who is over 18 years of age)

(Required if the member is aged 16 or 17 years and they hold sufficient capacity (Mental Capacity Act 2005{MCA})

or

Legal Guardian (LG) / Authorised Person (AP) Signatory (who is over 18 years of age)

(Required if the member does not to hold sufficient capacity {Mental Capacity Act 2005} and you sign on their behalf)

Print name: (Mr/Mrs/Ms/Miss) _____

Signed: _____ Date: _____

For data protection please also provide proof of your identity

Annual Review Declaration*

I confirm the above information is correct, that there have been no changes to my health, I agree to the above-mentioned terms and conditions and reaffirm my consent as indicated (without change):

Y2 Signed: _____ Date: _____

CS or LG/AP (delete as appropriate) Name: _____

Signed: _____ Date: _____

Y3 Signed: _____ Date: _____

CS or LG/AP (delete as appropriate) Name: _____

Signed: _____ Date: _____

Y4 Signed: _____ Date: _____

CS or LG/AP (delete as appropriate) Name: _____

Signed: _____ Date: _____

* To be also used when a member turns 16 years of age or if a member is deemed not to have capacity to sign themselves.

Using your personal information

We will process your personal information in accordance with the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. We may use your personal information in a number of ways, but only for the purposes for which it was given, for example to provide you with the information or the services requested. We may share your information with other projects managed by SDSG, our contractors and external organisations and obtain information about you from other organisations where it is lawful to do so, for example to check the accuracy of information, to keep you safe or to enable you to participate in the activity/event. For further information on how we collect, use, share, secure and retain your personal information, and your legal rights, please see our Privacy Notice at sdsg.org.uk or by contacting SDSG. Our Data Protection Lead can be contacted by telephone 01723 363600 or email contactus@sdsg.org.uk.

