**ACTIVE CLUB (10yrs-14yrs) Form Reference Number**

**Membership Agreement**





**138**

24/2/22

Please complete a form for each ACTIVE Member in block capitals

Child First Name: DOB:

Surname: Gender:

Phone:

Address:

Postcode:

Email (mandatory field):

**If you do not provide an email, you won’t be able to book online or receive booking confirmations.**

We require this information to register your account. We may need to get in touch with you at short notice if a show /event or class is cancelled. We will not use your contact details for any other purpose. View our privacy policy visit our website.

Emergency Contact Name 1: Contact Number: Relationship:

*(Please let the person know you are providing us with their details)*

Emergency Contact Name 2: Contact Number: Relationship:

*(Please let the person know you are providing us with their details)*

Name of Surgery Contact Number

Does your child have any illness, disabilities or allergies that may affect them when taking part in the activity / event? **Yes No**

If yes, please provide further details to ensure that we have appropriate measures in place.

Additional Support Needs or Medical Conditions (please give details):

Does your child require the routine use of any medication or are they currently receiving any medication?  **Yes No**

If yes, please provide further details. \* Please note that any medication will need to be self-administered.

I give permission for my child to receive first aid or CPR in the event of an emergency or accident? **Yes No**

If this form is for **your child,** do you give consent for them to be allowed to travel home by themselves after a session? **Yes No**

How did you hear about us?

**CRITERIA**  **PROOF OF ELIGIBILITY REQUIRED – to be produced at the time of signing up**

**10-14yrs old National Entitlement Card (NEC), SHOUT Card, passport or birth certificate**

I have read and understood the terms and conditions of East Ayrshire Leisure’s Membership (overleaf). In witness thereof, this agreement has been executed by the parties on the date written below:

Staff Name:

Signature: Date: NEC or SHOUT Card checked (Initial)

(Parent / guardian if member is under 14)

Venue:

DATA PROTECTION

The information you have supplied above is required by East Ayrshire Leisure for registration purposes and to enter into a contract with you. We are unable to provide you with membership status without this information. The information will be used for registration purposes only. The information will be processed and held securely in terms of Data Protection Legislation. For further information on our legal basis for processing your information and your rights in terms of Data Protection Legislation, please visit [www.eastayrshireleisure.com](http://www.eastayrshireleisure.com)