



CLUB MEMBERSHIP FORM

COVENTRY FIGURE SKATING CLUB

We are very pleased to welcome you to the **Coventry Figure Skating Club**.

To ensure we have the correct contact details for you, please fill out this form and give it back to **Coventry Figure Skating Club Committee member**

We will also use this information to ensure that you are kept informed about Club events.

Name: Child / Adult	
Address: (Inc.postcode)	
Home Telephone Number	
Mobile number	
E-mail address:	
Date of Birth:	
Preferred Method of Communication:	
Name of Parent/Carer	
Address (if different from above)	
Telephone number (if different from above)	
Email address (if different from above)	



Please specify medical condition:	Yes / No <i>If yes, please give details</i>
Details of medication required: (ego inhaler)	
Any allergies:	Yes / No <i>If yes, please give details</i>
Details of any dietary requirements: (vegan/vegetarian)	Yes / No <i>If yes, please give details</i>
Additional information:	
<p>Disability</p> <p>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'.</p> <p>Do you consider yourself to have a disability?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
If yes, what is the nature of your disability?	
Emergency contact details - Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident	
1st Emergency Contact name	
Relationship to Member	
Emergency Contact Number	
Emergency Contact Address	
2nd Emergency Contact name	
Relationship to Member	
Emergency Contact Number	
Emergency Contact Address	

DECLARATION OF PARENTS/CARERS

<input type="checkbox"/>	I agree to my son/daughter taking part in club sessions
<input type="checkbox"/>	I give my consent that if an emergency medical situation arises, the Club may act as loco parentis. In my absence, 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 my child's health by the said authority. In such circumstances, I understand that every effort shall be made to contact me prior to this action being taken.
<input type="checkbox"/>	I understand that the sessions are insured in respect of legal liabilities (third party and public liability) but that personal accident insurance for my child is not covered. I also understand that any extension of insurance for my child is my responsibility.
<input type="checkbox"/>	I confirm that I have read, or been made aware of, the Club's policies and will abide by the following: <ul style="list-style-type: none"> • Codes of conduct for parents, coaches and children & young people • Anti-bullying policy • Safeguarding policy • Equity policy • Transport policy • Changing room policy • Photography, filming and social media policies
<input type="checkbox"/>	I can confirm that my child is aware of the <i>Coventry Figure Skating Club</i> code of conduct for children and anti-bullying
<input type="checkbox"/>	I give permission/do not give permission for my son/daughter/ to take part in photographs, any publicity shots or video footage for the Club.

Signature of Child / Adult	
Print Name of Member	
Signature of Parent / Carer	
Date of Signature	



2021 / 2022 Price increase

Price per 1 hour session	£10.00
Membership per year	£25.00
Guest Skaters per 1 hour session	£12.00

***Please note all prices are subject to change**