

## Laburnum Boat Club – Application for Membership.

Name of member: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parents email: \_\_\_\_\_

Parents Mobile: \_\_\_\_\_

Members mobile: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_

### Medical Consent

I understand that during the period that my ward/son/daughter takes part in Laburnum Boat Club activities s/he will be in the care of centre staff. So far that I am aware s/he is in good health. I will inform Laburnum Boat Club if s/he has been in contact with any infectious disease. S/he has no special medical conditions, weakness or disability that may call for special care, other than those described below. If s/he should be taken ill or become injured during an activity, and if a surgical operation or serum injection becomes necessary, I authorize the member of Laburnum Boat Club staff who is in charge to sign on my behalf (i.e. if delay involved in obtaining my signature were considered to endanger the health or safety of my ward/son/daughter).

Medical History/Conditions (continue on a separate sheet if necessary):

Does your ward/son/daughter take any regular medication? If yes, then are you happy for them to manage and administer this for him/herself?

Doctors name:  
Surgery Address:

Tel no:

Dietary requirements?

School:

I have read, understood and agree to abide by the notes for parents and confirm the above information to be correct.

Signed (Parent/Guardian/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

Name (Parent/Guardian/Carer – please print): \_\_\_\_\_

I agree to my Son/Daughter taking part in questionnaires for the use of monitoring/evaluation. All details will comply with data protection act and will be held securely.

Signed (Parent/Guardian/Carer): \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete both sides**

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## Using images of children, Consent form for Laburnum Boat Club staff and non staff commissioning photography

Name of parent or guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact tel no: \_\_\_\_\_

Name of child: \_\_\_\_\_


School the child attends (if applicable): \_\_\_\_\_

Location of photograph: \_\_\_\_\_

Laburnum Boat Club would like to take photographs / make a video recording of your \*child / \*children for promotional purposes. These images may appear in our printed publications, in the media, on video, on our website, or on all four. (*\*Please delete as appropriate.*)

To comply with the Data Protection Act 1998, we need your permission before we take any images of your \*child / \*children. Please answer questions 1 to 4 below, then sign and date the form where shown.

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 <b>To the parent</b>	<i>Please circle your answer</i>
1. May we use your child's image in our printed promotional publications?	<b>Yes / No</b>
2. May we send out your child's image with our press releases? Please note that in this circumstance we would wish to use your child's full name in the accompanying text.	<b>Yes / No</b>
3. May we use your child's image on our website?	<b>Yes / No</b>
4. May we record your child's image on our promotional videos?	<b>Yes / No</b>

*Please note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies. Please also note the conditions for using these images on the back of this form.*

I have read and understood the conditions of use on the back of this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your name (in block capitals): \_\_\_\_\_

### Conditions of use

1. This form is valid for \*two years from the date of signing / \*for this project only. The consent will automatically expire after this time.
2. We will not re-use any images \*after this time / \*after the project is completed.
3. We will not include details or full names (which means first name **and** surname) of any child or adult in an image on video, on our website, or in printed publications, without good reason. For example, we may include the full name of a competition prize winner if we have their consent. However, we will not include the full name of a model used in promotional literature.
4. We will not include personal e-mail or postal addresses, or telephone or fax numbers on video or on our website or in printed publications.
5. If we use images of individual pupils, we will not use the name of that child in the accompanying text or photo caption without good reason. And if a pupil is named in the text, we will not use a photograph of that child to accompany the article without good reason. For example, we may include a picture and full name in a press release or of a competition prize winner in another publication if we have their consent. However, we will not include a picture and full name of a model used in promotional literature.
6. We may use group or class images with very general labels, such as "Kayak Session" or "making Christmas decorations".
7. We will only use images of pupils who are suitably dressed, to reduce the risk of such images being used inappropriately.

*\*Please delete the option that does not apply.*

**Please complete both sides**

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**Disability** (if applicable):.....

Eg, Autism Spectrum Condition, Cerebral Palsy, mild/moderate/severe Learning Difficulties etc.

It's helpful for us to try and understand the needs and experiences of the young people coming to us as much as we can. This can help us to support them. All questions are asked with this in mind and there are no wrong answers.

The information you provide is confidential. If any of the form isn't relevant to you and your family, or you are uncomfortable with any of the questions, please don't feel obliged to answer.

Unfortunately we're unable to provide 1:1 support. The highest support available in Sports Club is 1:2.

Please select any that describe your young person. There's space below to add more info.

<b>Communication:</b>		<b>Mobility:</b>	
Uses/understands speech		Has limited mobility	
Uses Makaton		Uses a walking aid/wheelchair	
Uses signs/word board		<b>Other useful info:</b>	
Uses PECS		Can swim 20 metres.	
Uses BSL		Can wander/run off	
Other: Please describe		Can physically lash out at others/surroundings	
<b>Young persons preferences:</b>		Can lash out at themselves	
Prefers/must have a male/female worker		Can grab at/go into people's belongings	
Prefers child/adult interaction		Gets severely travel sick.	
Does not like physical interaction		Does not have safety awareness. Eg roads.	

Anything you'd like to add:

Any assistance or prompting needed with **mobility, eating/drinking, toileting, changing clothes** etc. Please describe:

Are there any particular behaviours that others can find challenging? Any known triggers (things that upset them) or ways to support your child with this? (This will not go against your referral, but will really help us support your young person when they are at Laburnum)

### Likes:

List any activities, foods, hobbies etc that they like. (*We've found this info to be very helpful to help settle in new members*)

### Dislikes:

Do you give us permission to physically restrain your child/young person? (Only ever as a very last resort, when deemed the only option to prevent injury to themselves or others)

**Yes/No**

**Please complete both sides**

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Legal guardians name and relationship to young person (eg Parent/Grandparent.)
Do they live with the above person/people?
Is your child/ward a regular member of any other youth clubs/ adventure playgrounds etc.
Are they registered with Short Breaks? <b>Yes/No/Not sure</b>

### Laburnum Boat Club

I give my consent for my young person to take part in supervised activities as part of Laburnum Boat Club, on weekday evenings from 4.00pm – 7pm, school holidays 10am-4pm and/or Saturdays 11am-4pm. I understand that the group is a sports club and will take part in numerous activities both water and land based: Kayaking, narrowboating, sailing, climbing, swimming, cooking and bowling to name but a few. I understand that some of these activities will take place at Laburnum Boat Club and some will be at other local facilities, as appropriate.

Name of parent/carer (printed).....

Signed parent / carer: .....

Date: .....

Name of young person: .....

**Please complete both sides**