

# Membership Form



Personal Details	
Full Name:	
Date of Birth:     /     /	
Address:	
Postcode:	
Home Phone:	Mobile No:
Email:	

Emergency Contact Details and Medical Information	
<b>Emergency Contacts:</b> Please provide two people who we can contact in the case of an emergency:	
Name:	Relationship:
Contact Number 1:	Contact Number 2:
Name:	Relationship:
Contact Number 1:	Contact Number 2:
<b>Medical Information</b> Please give details of any medical conditions / health matters / allergies that might affect you / your child whilst taking part in activities, including any medications. <b>(If there is no information please write "None")</b>	
It may be essential at some time for authorised persons acting on behalf of the Band to have necessary authority to obtain urgent treatment in the case of an accident, illness or incident. Please sign below if you give your consent to emergency treatment being given to the named member on this form by trained personnel.	
<b>For members under 16 years of age a parent / legal guardian must sign here.</b>	
Signature:	Date:
Print Name:	Relationship:
It is your responsibility to inform the Band should any information change in the future.	

### Photography

I hereby give consent for the Band to take and use photos of myself / my child for marketing and promotion purposes, including publishing on the Band website and social media sites.

**For members under 16 years of age a parent / legal guardian must sign here.**

**Signature:**

**Date:**

**Print Name:**

**Relationship:**

### Agreement

I hereby agree to comply with the Band's code of conduct / safeguarding policy and any other policies that may be applicable.

**Signature:**

**Date:**

**Print Name:**

**Relationship:**

**This information will be stored securely and will only be used in accordance with the Band's data protection policy.**

### Version history

<b>1.0</b>	<b>Initial issue</b>	<b>22 July 2020</b>
<b>2.0</b>	<b>Review</b>	<b>03 January 2025</b>