

CLUB MEMBERSHIP FORM

We are very pleased to welcome you to the *Wath upon Dearne ABC*. To ensure we have the correct contact details for you, please fill out this form and give it back to *Club Secretary, Mary Coward*

If you are under 17 please also ask your parents or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Personal details

Name:	Address
Post Code:	
Phone number:	Email:
Date of birth:	

Whilst it is not compulsory that the following section is completed, the footnote at the end of this template explains why it is important.

Ethnicity

In order to help the club 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 Pakistani
Indian 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):

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and 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

If yes, what is the nature of your disability?

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disabilities
- Other (please specify):
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Boxing information:

Have you boxed before? Yes No

If yes, where have you boxed: (please indicate below)

- School
- Youth club
- Local authority coaching session(s)
- Boxing Club
- Other including Kick Boxing (please specify):

Medical information

Please detail below any important medical information that our coaches/junior coordinator should be aware of (eg epilepsy, asthma, diabetes etc.)

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Emergency contact details

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

Contact name eg (spouse/parent/carer)

Emergency contact number:

I consent to becoming a member of Wath upon Dearne ABC, for them to store my data in a secure place and only share such data with England Boxing for the purpose of club membership registration. All data will be renewed every 12 months for re-registration purposes.

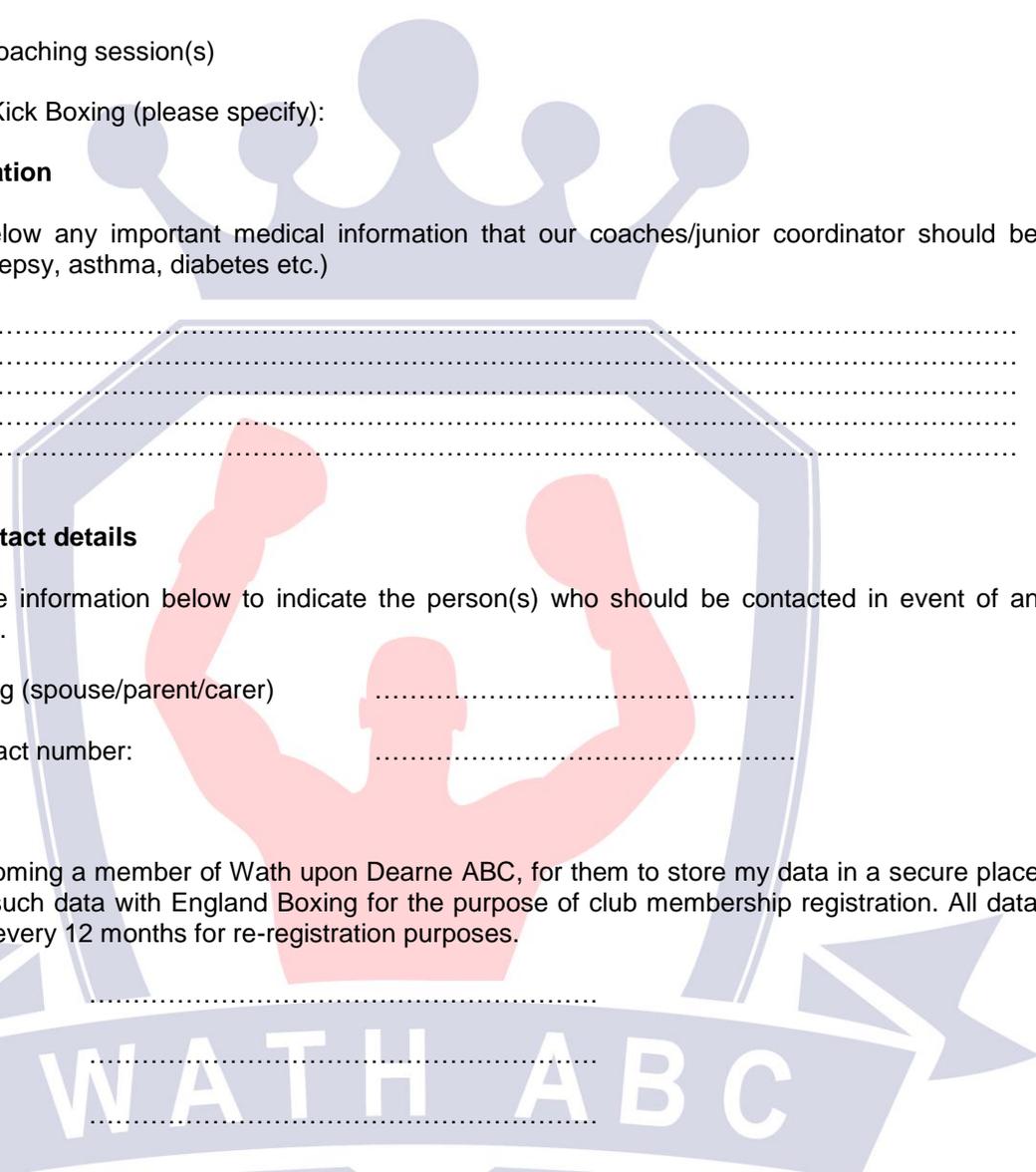
Name:

Signature:

Date:

Footnote

Sport can and does play a major role in promoting inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. The ABAE is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them. By monitoring the profile of young people in sports clubs, the ABAE and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure everyone has an opportunity in the future development of sport. Boxing is a special type of sport whereby it is not suitable or possible to be made safe for everyone to take part and therefore ABAE Rules over-ride any disability discrimination regulations.



For Junior Membership:

I, being the parent /carer of have read the information contained on this form and hereby consent to him/her taking part in boxing activity sessions and understand and agree that he/she participates in boxing sessions under the instruction of ABAE qualified coaches entirely at his /her own risk. I have considered the nature of such sessions and have discussed them with him/her. I am satisfied that he/she is sufficiently responsible and competent to assume responsibility for his/her safety under the supervision of an ABAE qualified coach. I confirm that he/she does not have any medical disability or medical condition (not disclosed overleaf) that could affect his/her ability to participate safely in boxing sessions.

- By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.
- I understand that I will be kept informed of these activities – for example timings and transport details.
- I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I have been made aware of and I understand that the club will comply with the ABAE Child Protection Policy and Procedures including changing room, anti bullying, travel, photography or video recording policies. In view of these policies I (please delete as appropriate *) do not wish* / accept * that he/she can be photographed or filmed for coaching or club promotional purposes.

I have viewed and understand the Club Child Protection Policy

Name of parent/carers:

Signature of parent/carers:

Date:

I consent to my child becoming a member of Wath upon Dearne ABC, for them to store the data collected in this form in a secure place and only share such data with England Boxing for the purpose of club membership registration.

Signature of parent/carers:

Date:

