



CORBY STEEL DIVING CLUB  
Junior/Senior Membership &  
Medical Declaration  
corbysteeldivingclub@yahoo.co.uk

CSDC

## PRIVATE AND CONFIDENTIAL

### ➤ Junior/Senior Membership and Medical Declaration form

To ensure that we have the correct contact details for you, please insert the information requested below and return this form to a committee member

If you are under 18 please also ask your parents or carer to sign this 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:

Home telephone number:

Date of birth:

Gender: Male

Female

Current School:

#### Parents/Carers

Mobile:

Email:

Do you have any skills to offer to the club as a committee member?

e.g.: Computer, Web design, Administration, Finance etc.



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## ➤ Sports equity monitoring

Whilst it is not compulsory that this section is completed the following paragraph explains why it is important. Sport can and does play a major role in promoting the inclusion of all groups in society.

However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Corby Steel Diving Club 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, it is possible to identify issues relating to under representation of different groups and can together develop strategies to ensure that all young people have the opportunity in the future to develop and progress in sport.

### Ethnicity

In order to help the club monitor its membership can you please tick one of the following boxes to identify your ethnic group/origin:

Choose one section from A to E and then tick the appropriate box.

#### A White

British

Irish

Any other white background (please specify):

#### B Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other mixed background (please specify):

#### C Asian or Asian British

Indian

Pakistani

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)



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➤ **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

If other (please specify):

➤ **Medical information**

Please detail below any important medical information that our coaches/junior coordinator should be aware of.

Do you suffer from: **(please ring Yes or No)**

Asthma	Yes / No	Medication	<input type="text"/>
Hay Fever	Yes / No	Medication	<input type="text"/>
Epileptic fits	Yes / No	Medication	<input type="text"/>
Haemophilia	Yes / No	Medication	<input type="text"/>
Diabetes	Yes / No	Medication	<input type="text"/>
Hypertension	Yes / No	Medication	<input type="text"/>
Heart Disease	Yes / No	Medication	<input type="text"/>
Back Problems	Yes / No	Medication	<input type="text"/>
Pains in Joints	Yes / No	Medication	<input type="text"/>
Other	Yes / No	What	<input type="text"/>
		Medication	<input type="text"/>
Any allergies	Yes / No	Details	<input type="text"/>



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**Do you have any religious beliefs that prohibit treatment in the case of an accident?**

If yes, please give details

➤ **Family History**

**Does anyone in your family suffer with a heart condition?**

Yes / No / Don't Know

If Yes – Who?

**Does anyone in your family suffer with Diabetes?**

Yes / No / Don't Know

If Yes – Who?

**Does anyone in your family suffer with Hypertension?**

Yes / No / Don't Know

If Yes – Who?

➤ **Sporting information**

Have you dived before?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, where have you practiced in the sport: (please indicate below)

Primary school

<input type="checkbox"/>	<input type="checkbox"/>
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Secondary school

<input type="checkbox"/>	<input type="checkbox"/>
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Local authority coaching session(s)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Club

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

County

<input type="checkbox"/>	<input type="checkbox"/>
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Other (please specify):



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➤ **Emergency contact details**  
**(To be completed by parent/carer of Junior Member)**

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident. (Note: Two emergency contacts are required)

1 -Contact name (e.g. parent/carer):

1-Emergency contact number:

2 -Contact name (e.g. parent/carer):

2-Emergency contact number:

➤ **Permissions**

I give permission for Club Officials to contact me for the purposes described above

I give permission for information about me/my child to be used for the purposes described above

I give permission for this information to be held on computer databases concerned only with Diving

I give permission for my child to join trips away with the club

I give permission for my child's coaches to use hands on techniques

I give permission for my/my child's first name to be shown in competition results

I give permission for my/ my child's first name and picture to be used in Club reports

I agree that permission is given for photo and video footage to be used for publicity purposes and training aids (N.B. CSDC's Child Photo Consent Form must be signed for all Junior members)

I agree that permission will be sought in advance if I wish to take photos / video, during training

I will sign in and follow club and swimming pool policies

I have read, agreed and signed CSDC's Junior/Senior Code of Conduct (separate form)

I have read, agreed and signed CSDC's Parents Code of Conduct (separate form)- (if under 18)



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➤ **Junior/Senior member**

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 Club activities. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I confirm that I have read, and agree to abide by the code of conduct and the club policies. I acknowledge receipt of the rules of Corby Steel Diving Club and confirm my understanding and acceptance that such rules (as amended from time to time) shall govern my membership of the Club. I further acknowledge and accept the responsibilities of membership upon members as set out in these rules.

I (PLEASE PRINT ON BLOCK CAPITALS)..... hereby give permission for the Coach or Team Manager or authorised person accompanying my child/myself to give the immediate necessary medical or surgical treatment as directed by medical authorities

Name of parent / carer (if under 18):

Signature of parent / carer (if under 18):

Signature of Junior/Senior member:

Date:

**All data collected on this membership form will be kept securely by club personnel and medical/disability information will be provided to teachers/coaches on a need to know basis. If at any time any of the above details change please contact the membership secretary.**