



MEMBERSHIP FORM

MEMBERS DETAILS FORM (Please complete in Full) and return

Name:		Date of Birth:	
Home Address:			
		Post Code:	
Mobile Tel No:		Home Tel No:	
Email Address:			

Please give details of a parent/guardian who could be contacted if an emergency occurs while you are involved in any activities with the Include Me 2 Club.

Name:			
Relationship to member (e.g. mother, sister)			
Home Address:			
		Post Code:	
Home Tel No:		Mobile Tel No:	

For Members supported by an Organisation or Companies, please complete the following:

Care Manager			
Organisation			
Organisation Address:			
		Post Code:	
Organisation Tel No:		Mobile Tel No:	
ON CALL/EMERGENCY MOBILE NUMBER			

The following information is requested to ensure the health and well being of all participants and staff at the Include Me 2 Club. The information contained in this form is confidential and will only be used to safeguard the participant's health and well-being should the need arise.

Name of Member:			
Name of General Practitioner:			
General Practitioner Address:			
		Post Code:	
GP Telephone Number:			

Please provide details of any pre-existing medical conditions, disability or condition that may affect the participant's participation on the event/activities.

Detail any medication or treatment required:

Detail any existing injuries (include when injury occurred and the treatment received):

Detail any allergies, including allergies to medication:

Is there any challenges or behavioural issues we should be aware of:

Use of Use of Photographs, Film or Video Recordings

During your participation with the Include Me 2 Club, photographs, video, sound bites and film clips will be taken. We would like your permission to use the photographs in the following ways: Where images, video and sound bites could be used in publications, website and exhibitions (including DVD and slide shows); in social media or online platforms (e.g. Facebook, Twitter, blogs) shown at conferences and events generally to promote the work of the Include Me 2 Club in the external media which will include local and national newspapers. Please tick the box if you do not consent to your images being used in this way

Member Declaration:

Name (Print)

Signed

Date

Signed on behalf of the Member

Name (Print)

Position

Signed

Date

CONTACT US AT THE FOLLOWING

www.includeme2club.org.uk

FB/Includeme2club

@includeme2club

#includeme2club