

MEMBERSHIP FORM AND MEDICAL INFORMATION

We are very pleased to welcome you to St Paul's Boxing Academy.

Confidentiality

Information on this form will be held securely and will only be shared with coaches or others who need this information in order to provide safe and appropriate training programme.

For more information about how we protect your data please see our Privacy Policy which can be found at

<http://www.stpaulsboxing.co.uk/policies-procedures>

In order to provide you with information we will use your contact information to send you emails about club activities and notifications. We will retain your contact information for as long as you wish to be contacted by the club.

Personal details	
Name	
Address	
Postcode	
E mail	
Mobile	
Date of birth	
Gender	

Emergency contact information	
Name and number(s) to contact in an emergency	
Relationship to you	

Health and Disability

We require your consent to collect information about any relevant medical or health issues which may affect your (or your child's) participation in boxing and related exercise.

We use this information to ensure that our coaches can deliver a safe and appropriate programme of training. We will retain and process this information for as long as you remain an active member of St Paul's Boxing Academy. By completing this section you are giving your consent for St. Paul's Boxing Academy to collect information about your health and/or disability.

Medical information

Do you (or your child) have a specific medical condition or disability?
If yes please give details:

Are there any activities you (or your child) should not take part in?
If yes, please give details:

Do you (or your child) have any other needs we need to be aware of?
If yes, please give details:

Boxing/Contact Sport History

Please tell us if you (or your child) have boxed or done any contact sports previously:

If YES please tell us where:

How many competitive bouts have you (or your child) had?

Declaration of Consent

- ☐ I give my consent to St Paul's Boxing Academy storing details of my (or my child's) health so far as they impact on my (or my child's) participation in boxing related exercise. I will inform the Head Coach if there are any changes to my (or my child's) health.
- ☐ I confirm that I have read or been made aware of St Paul's:
- Codes of conduct for Parents and Carers – this applies to families and spectators.
 - Changing room guidelines.
 - Safeguarding and Child Protection Policy – this includes the use of photography, videoing and social media.
- ☐ I give consent that if an emergency arises St Paul's Boxing Academy may act on my behalf for first aid and/or other medical treatment that in the opinion of a qualified medical practitioner may be necessary.

Signature		
Name		Date:

PARENTAL CONSENT IS NEEDED FOR JUNIOR MEMBERS (below 18 years of age)

- a) I consent to my child taking part in boxing activity sessions.
 - b) I understand and agree that they participate in boxing sessions under the instruction of England Boxing qualified coaches entirely at their own risk.
 - c) I have considered the nature of such sessions and have discussed this with them.
 - d) I am satisfied that my child is sufficiently responsible and competent to take responsibility for their safety under the supervision of a qualified coach.
 - e) I confirm that my child does not have any other medical disability or medical condition (not disclosed overleaf) that could affect their ability to participate safely in sessions.
 - f) My child has read and agreed the Code of Conduct for Children and Young People.
 - g) I give my consent to St Paul's Boxing Academy storing details of my child's health so far as they impact on their participation in boxing related exercise. I will inform a member of the coaching team if there are any changes to my child's health.
- By returning this completed form, I agree to my child 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.

Photographic Consent

You will find our policies relating to changing rooms, anti-bullying, travel, photography or video recording procedures on our website www.stpaulsboxing.co.uk.

I have read and understand St Paul's Safeguarding and Child Protection Policy and (please tick)....

☐ I **HAVE NO OBJECTION** to my child being photographed or filmed

☐ I **DO NOT WISH** my child to be photographed or filmed

.....for coaching or club promotional purposes.

Name of child/young person (please print)	
Name of parent/carers (please print)	
Signature	
Today's date	

Ethnicity

Whilst it is not compulsory that the following section is completed providing this information will help the club to test our Equality, Diversity and Inclusion policy.

Asian or Asian British

- ☐ Indian
- ☐ Pakistani
- ☐ Bangladeshi
- ☐ Chinese
- ☐ Any other Asian background

Please tick which you feel applies to you (or your child)

Black, Black British, Caribbean or African

- ☐ Caribbean
- ☐ African
- ☐ Any other Black, Black British or Caribbean background

Mixed or multiple ethnic groups

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other Mixed or multiple ethnic background

White

- ☐ English, Welsh, Scottish, Northern Irish or British
- ☐ Irish
- ☐ Gypsy or Irish Traveller (*added to the 2021 Census*)
- ☐ Roma (*added to the 2021 Census*)
- ☐ Any other White background

Other ethnic group

- ☐ Arab
- ☐ Any other ethnic group