



CLWB SYRFFIO DYFFRYN CONWY MEMBERSHIP FORM *(to be completed by parent / guardian)*

CHILD MEMBER – PERSONAL DETAILS

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| TITLE | FORENAME | |
| SURNAME | | |
| ADDRESS | | |
| POSTCODE | | |
| EMAIL | | |
| DOB | MALE <input type="checkbox"/> | FEMALE <input type="checkbox"/> |
| EMERGENCY TEL NO | | |

PARENT/GUARDIAN - PERSONAL DETAILS

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|-----------|----------|
| TITLE | FORENAME |
| SURNAME | |
| ADDRESS | |
| POSTCODE | |
| EMAIL | |
| TELEPHONE | |
| MOBILE | |

DECLARATION *(Please tick to confirm you accept each point)*

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| The member and I agree to operate within the club constitution and to follow all club procedures, rules and policies. | <input type="checkbox"/> |
| I confirm that the member's primary residence and the school they attend are both in Conwy County. | <input type="checkbox"/> |
| The club welcomes novice surfers but I accept that it is strongly recommended members attend a 'Beginner Lesson' with Adventure Parc Snowdonia before joining the club. | <input type="checkbox"/> |
| Adventure Parc Snowdonia will lifeguard the lagoon when we surf at Adventure Parc Snowdonia and we provide coaching when we can but this is not always possible. As we do not always have coaches available, it is important all members are 'self-sufficient' in the lagoon being strong and confident swimmers in line with the criteria set out below: <ul style="list-style-type: none"> o Confidently swim 50m in open water o Be able to tread water for 5 minutes o Be able to swim under water for 5m I confirm that the member meets these criteria. | <input type="checkbox"/> |
| I accept that members are the sole responsibility of parents / guardians / nominated adult carers when they are not in the water. During surf sessions at Adventure Parc Snowdonia, parents / guardians / nominated adult carers are required to be immediately available in case their child comes out of the water and they must also provide supervision of their child from the lagoon side. For each session, it must be made clear at club reception who the responsible parent / guardian / nominated carer is for the member. | <input type="checkbox"/> |
| I accept that members must listen to any briefings held prior to surfing as these can contain important safety information. | <input type="checkbox"/> |
| I will accept and sign the <i>Adventure Parc Snowdonia Waiver</i> before the member surfs in their lagoon on a club session. | <input type="checkbox"/> |
| I give my permission for the club to give the immediate and necessary authority on my behalf for any medical or surgical treatment recommended by a suitably qualified person if it would be contrary to the members interest for a delay to be incurred in seeking my consent. | <input type="checkbox"/> |
| I will inform both coaches and club reception of medical conditions that pose an increased risk in taking part in activities before any activity session regardless of whether they are already declared on this form. | <input type="checkbox"/> |
| I recognise the club identity as a not-for-profit community surf club and consent to the club collecting, storing and using limited personal information for the purposes of running the club. This information is used and shared with a limited number of organisations for the exclusive purposes of insurance, training and club activities and will never be passed on for any commercial purpose. | <input type="checkbox"/> |
| I consent to the club using photographs or videos of members during club activities to promote the club. | <input type="checkbox"/> |
| SIGNATURE | |
| DATE | |

SAFETY

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| <p>All members must watch and understand the relevant Adventure Parc Snowdonia safety briefing before surfing in their Lagoon.</p> <p>All members must also understand and be familiar with the Club Safety briefing including adhering to the following vitality important rules:</p> <ul style="list-style-type: none"> o Check your equipment before surfing and that your leash is correctly attached – if in doubt ask. o When falling off your board protect your head with your arms. o Do not dive head-first off the board, try to land feet first. o Stop and dismount your board before reaching the shore. o If you get into difficulties, immediately attract the attention of a lifeguard. <p>I have read, understood, and ensured that the member understands and will follow the safety rules and briefings above.</p> |
| SIGNATURE |
| DATE |

MEDICAL

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| Does the member have any medical conditions that pose an increased risk to taking part in club activities? | |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please specify: | |
| Please specify any allergies: | |

FEE STRUCTURE

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| An annual payment of £12.50 per participant is required to cover insurance. This could vary in the future. |
| A monthly fee (payable in advance) is required to cover the cost of surfing. This is generally applicable between April and December but the length of the season can vary. The fee is in the range of £5 - £15 per week and varies depending on the activity. |

ACCEPTANCE

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| Should any details declared on this form change in the future I will notify the club via email at clwbsyrffiodc@gmail.com . |
| I hereby accept all terms, rules, conditions, and declarations made above and certify that I have accurately completed the membership form: |
| PRINTED NAME |
| SIGNATURE |
| DATE |