



CLWB SYRFFIO DYFFRYN CONWY MEMBERSHIP FORM 2023 (to be completed by parent / guardian)

CHILD MEMBER – PERSONAL DETAILS

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

DECLARATION (Please tick to confirm you accept each point)

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"> <input type="checkbox"/> Confidently swim 50m in open water <input type="checkbox"/> Be able to tread water for 5 minutes <input type="checkbox"/> 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

PARENT/GUARDIAN - PERSONAL DETAILS

TITLE	FORENAME
SURNAME	
ADDRESS	
POSTCODE	
EMAIL	
TELEPHONE	
MOBILE	

SAFETY

<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"> <input type="checkbox"/> Check your equipment before surfing and that your leash is correctly attached – if in doubt ask. <input type="checkbox"/> When falling off your board protect your head with your arms. <input type="checkbox"/> Do not dive head-first off the board, try to land feet first. <input type="checkbox"/> Stop and dismount your board before reaching the shore. <input type="checkbox"/> 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

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

<p>Fee will be charged before each block of sessions. Only on receipt of the fee will guarantee a place.</p> <p>If you are unable to attend any of the sessions, we are unable to provide credit or refund for the session.</p>

ACCEPTANCE

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