

WBB is an independent charity that relies on donations to supplement its income. Youth Membership, which covers the 10 to 23 age range, has no fixed fee. Instead, WBB would welcome a donation to the Charity. Further contributions would always be welcome at any time. Membership entitles young people to attend any of the sessions during the year with only away trips requiring an additional subsidised charge.



2009

Youth Membership

PLEASE WRITE IN CAPITAL LETTERS THROUGHOUT

First name:			
Surname:			
Date of Birth:			
Are you?	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: <input type="text"/>
Your Address			My home address is in:
Postcode			City of Westminster <input type="checkbox"/>
Home Telephone No			Other, please state <input type="text"/>
Mobile No			I go to school in:
Member's Email Address			City of Westminster <input type="checkbox"/>
Swimming ability (in metres)			Other, please state <input type="text"/>
Do you have any medical conditions (including drugs and allergies)?	Name of School: <input type="text"/>		

Emergency Contact (reachable during session times)

Name of Contact

Telephone No. Mobile No.

PARENTAL CONSENT
 Information provided on the application will be used only for the purposes of Westminster Boating Base and the Westminster Council in compliance with the provisions of the Data Protection Act 1998.

I give consent for any photographic material taken by Westminster Boating Base or Westminster Council to be used for their reports and publicity.

I give consent for my son/daughter/ward to participate in the activities of the WBB and confirm that he/she can swim 25 metres in a buoyancy aid and light clothing. Some people may be exempt from this requirement but everybody must be confident in and about water. This may include activities at other locations. I agree that the information on this form is correct and I confirm that I have read & understood the Weil's Disease handout.

I agree to my son/daughter/ward receiving medication as required for any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform WBB when there are any changes to my child's medical or other circumstances specified in this form.

Parent's / guardian's email address (for news updates): _____

Signature: _____ Please print name: _____
 (of parent if under 18 yrs of age)

These are watersports and you may get wet, so everyone must bring: 1. Suitable clothing for the weather, inc. soft-soled shoes. 2. Towel, wash-kit & a complete spare change of clothes to go home in. 3. Applicants under 18 must have a completed membership form including a parent's or guardian's consent.

FOR WBB OFFICE USE:	Date: _____	Fee Paid: _____	Members No: _____
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Please tell us more about yourself.

How would describe yourself?	Asian or Asian British	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian Background Please specify.....
	Black or Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black Background Please specify.....
	Chinese	<input type="checkbox"/> Chinese
	Dual Heritage	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Dual Background Please specify.....
	White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background Please specify.....
	Other	<input type="checkbox"/> Other Ethnic Group Please specify.....
	Prefer not to say	<input type="checkbox"/>

Would you describe yourself as having any disabilities? Yes No

If yes, how would you describe these?

Are you?

<input type="checkbox"/> At College (Full Time)	<input type="checkbox"/> At College (Part Time)
<input type="checkbox"/> At School	<input type="checkbox"/> On a Training Scheme/New Deal
<input type="checkbox"/> At University (Full Time)	<input type="checkbox"/> At University (Part Time)
<input type="checkbox"/> Unemployed (Not Claiming)	<input type="checkbox"/> Unemployed (Claiming)
<input type="checkbox"/> Employed (Full Time)	<input type="checkbox"/> Employed (Part Time)
<input type="checkbox"/> Doing Voluntary Work	<input type="checkbox"/> Carer
<input type="checkbox"/> Home Maker	<input type="checkbox"/> Prefer not to Say

Name of School or College:

Do you consider that you have learning difficulties? Yes No

What is your religion?

What is the language you use at home?

Please tick this box if you do not want to receive any information from us in the future
 Please tick this box if you do not want your photo used in publicity
 We reserve the right to use photos of competition/free draw winners

