

## **New Starter Form**

## **Data Protection**

Please note that personal details supplied on this form will be held and/or computerised by Dunstable Underwater Hockey Club only.

Your personal details will be safeguarded and will not be divulged to any other individuals or organisations for any other purposes.

		Personal De	etails o	f Child			
Surname							
Forename							
Preferred Name							
Date of Birth			Fema	ale 🗆	Male		
Home Address							
Mobile							
	Emorgo	nov Contact Infor	motion				
	Emerge	ency Contact Infor	mation				
Title							
Full Name							
Address if different from child's address							
Contact telephone	numbers (Tick pri	iority contact numb	er)				
Home				Relationsh	ip to ch	nild	
Mobile 1							
Mobile 2							
Email Address							
Photograph Consent							
I give permission for the Dunstable Underwater Hockey Club to use child's image(s) on promotional material or social media publications, for which they may be suitable.							
				Yes		No	



	Medical I	nformation	
Surgery name			
Surgery address			Surgery telephone number
Does your child h	nave any medical issues?	Yes □	No □
If yes please pro	•		
Does your child r inhalers?	equire any medication or	Yes □	No 🗆
If yes please pro	vide details:	•	
Do you give pern necessary?	nission for first aid to be admini	istered if	Yes □ No □
	Perm	issions	
confirm that my cl confident to do so.	nild is able swim 25 metres una	aided, able to de	escend to 1.8m depth unaided and
hat they may be a	` ,	practice outside	eet the minimum required standar e of sessions, this is both on safe
	hild will obey all instructions fr e to the pool setting.	om coaches/life	eguards promptly and always behave
			requires wearing fins, a snorkel ar ard and glove that are mandatory
rovides insurance			oody in the UK. Annual registrations sport. This is currently £15 and ma
	formation given in this form is y club of any changes to the de		will endeavour to inform Dunstable earliest opportunity.
Signature of parent	carer		
Print name		Date	e