



CLYC Membership Form

CLYC celebrates diversity and inclusion across our membership and endorses the principle of sports equality and we are committed to providing an open and inclusive environment to all existing and new members.

SECTION A: Personal Information	
Title	
First Name	
Middle Name	
Surname	
Date of Birth	
Gender Identity	☐ Female ☐ Male ☐ Non-binary ☐ Prefer to self-describe:..... ☐ Prefer not to say
<i>Optional</i> - Preferred Pronouns (he / she / they)	
Address	
Email Address	
Contact Telephone Number	

Mobile Number	
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SECTION B: Parent / Carer Details if member is U18	
Title	
First Name	
Surname	
Address (if different from above)	
Email Address	
Contact Telephone Number	
Mobile Number	

SECTION D: Medical Information & Additional Support
This section is not mandatory, and the information is only requested to ensure that the club can fully support all its members irrespective of any disabilities. If you would prefer to speak to a member of the club privately, please indicate this preference at the bottom of the section <i>Please use this space to detail any important medical information that we should be aware of</i>

<i>Please use this space to detail if you require any additional support from the club:</i>
<i>If you would prefer to discuss any disabilities or adjustments with the club in person, please tick here ☐</i>

SECTION E: Emergency Contact Details	
Name	
Contact Telephone Number/s	
Relationship to Member	

SECTION F: Volunteering Preferences
CLYC is a volunteer led organisation who relies on volunteers to ensure the smooth running of the club. If you would be interested in volunteering for the club, please indicate your preferences below: [Add in any additional voluntary roles your club has] ☐ Club Welfare Officer ☐ Disclosure Coordinator

- ☐ Safety Boat Crew
- ☐ Shore support team
- ☐ Committee Member
- ☐ ??

Please note that some volunteering roles may require us to carry out an enhanced DBS check with or without the children's barred list in line with our safeguarding policy and procedures.

SECTION G: Photography and Video Consent

CLYC recognises the need to ensure the welfare and safety of all children, young people and adults at risk in boating.

CLYC will not permit photographs, video or other images of children/ young people to be taken without the consent of the parents/carers and children/young people.

CLYC may arrange for photographs or videos to be taken of Club activities and published on our website or social media channels to promote the Club.

If you consent to your image being used by the Club in this way, please tick here. ☐

If you hold a family membership, your family members, aged 18 and over should indicate their consent to the use of their image separately below.

Family Member Name: ☐

Family Member Name: ☐

Family Member Name: ☐

CLYC will take all possible steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the Club Welfare Officer immediately.

[**Insert name of person with parental responsibility**] (parent/carer – delete as appropriate) consent to CLYC using my child's image being used for the purposes above.

If you/ the individuals listed above later wish to withdraw consent, please contact CLYC. By agreeing to your images being used, you agree to assign any right of ownership in those images to the Club.

Name	
Signature	
Date	

SECTION H: Self Declaration

CLYC is committed to safeguarding all of those who are involved within our sport including children, young people and adults at risk from physical, sexual and emotional harm. As part of our Safeguarding Policy, we require applicants for club membership and volunteer / paid roles involving contact with children and or adults at risk to complete this self-declaration form. All information will be treated as confidential and managed in accordance with current data protection legislation and guidance.

Are you currently under investigation by the police or known to any Children or Adult Services Department as being an actual or potential risk to children or adults at risk?

☐ Yes

☐ No

If yes, please supply details below:

Do you have any unspent¹ convictions relating to children or adults at risk?
Examples could include: Sexual Harm Prevention Orders (SHPO), Sexual Risk Orders (SRO), Notification Orders or placement on the Sex Offenders Register (SOR)

☐ Yes

☐ No

If you have answered yes above, please provide details below.

Based on the information provided, the club will carry out a risk assessment to determine suitability for membership and or any voluntary or paid roles.

Have you ever been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children and adults at risk?

☐ Yes

☐ No

If yes, please supply details below:

I understand that the information contained in this form may be shared with other persons or organisations in circumstances where this is considered necessary to safeguard children.

Signed:

Date:

Note: if the applicant is aged under 18, this form should be counter-signed by a parent or guardian

SECTION I: Club Privacy Statement & Communication Preferences

CLYC take the protection of the data that we hold about you as a member seriously and will ensure that data is collected, stored, processed, maintained, cleansed and retained in accordance with current UK data protection legislation.

Please read the full privacy notice carefully to see how CLYC will treat the personal information that you provide to us.

In addition to receiving general club communications please let us know how else you would like to hear from us:

☐ I would like to receive Information via email from the Club about specially selected products and services available from commercial sponsors and partners

☐ I would not like to receive any information via email from the Club about specially selected products and services available from commercial sponsors and partners

SECTION G: Member Agreement

By returning this completed form, I confirm that the information provided is accurate to the best of my knowledge.

Signature	
Print Name	
Date	