Primary adult member:

|  |  |
| --- | --- |
| Full Name: | Age Range: 0-15 16-30 31-50 51-65 65+ |
| Home Address : | M / F(Optional) |
| Are you (please delete non-applicable)?MembersNon-MembersVisitors | If Visitor when are you leaving the Islands? |
| Home phone: |
| Mobile phone:  |
| Email address:I would like to be informed of any new services, promotions, changes or updates by email:Yes [ ] No [ ] |
| Is the additional adult member, below, your emergency contact  Yes / No | If no please provide alternative emergency contact details here:(We require an emergency contact for forms to be accepted) |
| It is your responsibility to inform Active Scilly staff of any changes to your personal or emergency contact details, which may result in this form needing to be updated. |

Additional adult member:

|  |  |
| --- | --- |
| Full name: | Age Range: 0-15 16-30 31-50 51-65 65+ |
| Mobile phone: | Email address: | M / F(Optional) |
| Is the primary adult member, above, your emergency contact  Yes / No  | If no please provide alternative emergency contact details here:(We require an emergency contact for forms to be accepted) |

Child member(s):

|  |  |  |
| --- | --- | --- |
| Full name: | Age: | M / F(Optional) |
| Full name: | Age: | M / F(Optional) |
| Full name: | Age: | M / F(Optional) |
| Full name: | Age: | M / F(Optional) |

* I hereby agree that in the event of my child being returned early from the activity due to poor behavior any costs incurred will be paid in full by myself.

**Privacy notice:**

The Information you provide on any Active Scilly form is private and confidential, and will be used to help us to keep you safe while attending our facilities or using our services, to ensure you are charged appropriately and to help us plan service delivery. Forms will be held securely at our premises and/or on our electronic network for a period of up to 12 months after completion, when it will need to be reviewed and updated if necessary. Information will not be transferred outside of the EEA or used for marketing purposes. We will not share information with any other organization unless required to do so by law. Please ask if you would like to see our full privacy notice.

I understand the above privacy notice and agree to the details on this form being held for the purposes stated above.

Signature: Print name: Date:

**OFFICE USE ONLY**

Amount paid: £

Cash/Card/Cheque

What was payment for?

Signed: Print: Date:

To be filled out by staff member who **receives this form:**

I have checked this form and it has been fully completed

Signed: Print: Date:

To be filled out by the administrator who **scans and enters this form on to the system:**

Signed: Print: Date