**Personal details:**

|  |  |  |
| --- | --- | --- |
| Full Name: | Date of birth: | Age: |
| Home Address: | M / F |
| Home phone: |
| Mobile phone: |
| Email address:I would like to be informed of any changes and updates by email: Yes [ ] No [ ] |
| Emergency contacts:**Primary**Name:Phone number:**Secondary (optional)**Name:Phone number: |

**Privacy notice:**

The information you provide on this form is private and confidential, and will be used solely to keep you safe while using our facilities and services, and to ensure you are charged appropriately. Forms will be held securely at our premises and/or on our electronic network for a period of up to 12 months after completion. 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.

It is your responsibility to inform Active Scilly staff of any changes to your personal or emergency contact details that may result in this form needing to be updated.

Under GDPR and the DPA 2018 you have the right to:
 - access information that we hold about you or have it rectified if it’s inaccurate or incomplete.
- withdraw your consent for us to hold your information and have the information erased where we don’t have a legal requirement to retain. A full Active Scilly privacy notice (including details of CCTV image retention) is available, please ask a member of staff if you would like to read it or be given a copy.

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?

Where was payment taken? Gym/Pool

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