Fife Sailability

Scottish Charitable Incorporated Organisation no: SC045577

**Membership Form 2024**

As a responsible organisation we have to make every effort to ensure the safety of all who take part in our water activities. This includes BOTH members & volunteers. It is very important that we have the correct up to date information about you to enable us to take the appropriate action in an emergency. If you are unsure about the answer to any question, please ask for help.

**Please Note that following GDPR guidance the information on your completed form will be treated in strictest confidence and stored securely.**

Title: Forename:

Surname:

Address:

Preferred phone number (in the event of cancellation)

**Email / carer’s email**

Type of membership: Under 18 [ ]  Adult [ ]  Volunteer [ ]

Date of Birth (if under 18):

Briefly describe any previous sailing or power boat experience. Please list any RYA qualifications:

List any other relevant experience/training (Health & Safety, Disability Awareness, etc):

Can you swim? Yes [ ]  No [ ]

**INFORMATION REQUIRED IN CASE OF EMERGENCY ONLY:**

*This information is extremely important, and you are responsible to update the Club of any changes throughout the season.*

Next of kin/main contact:

Address:

Phone No:

Email Address:

We need information about general mobility in order to ensure appropriate access and handling equipment is available. It is important to remember that *Fife Sailability* operates a **NO PHYSICAL** **LIFTING POLICY** in accordance with current regulations.

**MOBILITY** (Please tick the relevant box)

Fully ambulant [ ]  Can transfer [ ]  Cannot transfer [ ]  Mobile only in a wheelchair [ ]

Wheelchair user but can walk short distances [ ]  Use electric wheelchair [ ]

Use manual wheelchair [ ]

**VISUAL IMPAIRMENT** **(**Other than requiring spectacles/contact lenses)

(Please tick relevant box)

**B1** Totally Blind [ ]  B2 Can discern light and shapes [ ]  B3 Some useful vision [ ]

**DEAF**

Please state percentage of hearing remaining:

Which sign language do you use?

**MEDICAL INFORMATION**

Please give details of any illness (e.g., Asthma, Epilepsy), allergies and medication:

**IF USING THE HOIST** – I declare that I do not weigh more than 120kg [ ]

**Publicity photos and videos:** We assume you agree to pictures/videos of me to be used by the Club for promotion use only. **NB This includes Social Media**

Please check here if you wish to opt **out** [ ]

This form was completed on (date) and I undertake to inform you of any change of circumstance, which may affect my safety when participating in any organised water activity.

I have read and understood the accompanying notes and agree to abide by them. [ ]

Please return this form as an email attachment

**Club Secretary: Rachel Brydon, 5 Wallace Street, Dunfermline, KY11 4QP**

Email: fifesailability@gmail.com

**Subscription for 2024: Sailing member adult £85 Junior (Under 18) £50**

**Non sailing member/volunteer £5.**

**Cheques to be made payable to** ***Fife Sailability***

**BACS payments to 82-62-19/40494226. Reference – Members name**