

MEMBERSHIP FORM

CHILD'S DETAILS

Full Name _____

Address _____

_____ Post Code _____

Ethnic Origin _____ DOB _____

HEALTH DETAILS

GP's Name _____

GP's Address _____

_____ Post Code _____

GP's Tel _____

Does your child have any allergies?

Yes		No	
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Please give precise details including severity.

Does your child have any relevant injuries, illnesses or disabilities?

Yes		No	
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Please give precise details.

Date of last tetanus injection if known.

Photo/Video Usage

I give permission for the CLCGB to take photographs and/or videos of my child. I grant full rights to use the images resulting from the photography/filming and any reproductions or adaptations of the images for fundraising, publicity or any other purposes to achieve the organisations aims. Please tick to agree ☐

General Data Protection Regulations (GDPR)

By signing this form you are confirming that you are consenting to the CLCGB holding and processing you and your child's personal data for the following purposes.

I consent to the CLCGB contacting me by:

☐ post ☐ phone or ☐ email (tick one, two or all options)



I consent to the CLCGB (please tick boxes below):

- ☐ keeping me informed about news, events, activities and services at CLCGB, and
- ☐ sharing my contact details with National Headquarters so they can keep me informed about news, events, activities and services that will be occurring around the country and which are directly relevant to my membership, and
- ☐ sharing my contact details with National Headquarters so they can maintain historical records within the CLCGB Historical Group for archive reasons only.

GIFT AID

It is possible for the Brigade to reclaim tax on the amount of subscription fees you pay. All you need to do (provided you are an income tax or capital gains tax payer) is tick this box ☐

EMERGENCY CONTACT DETAILS

Please give information of at least two people that will be contactable at all times

Name

Name

Telephone 1

Telephone 1

Telephone 2

Telephone 2

Relationship

Relationship

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

CONSENT

I consent to my child _____ being a member of The Church Lads' and Church Girls' Brigade.

Company _____ No _____

I promise to help them to abide by all of the Company rules.

I agree that when they leave they shall return all Brigade property to the Company.

I accept that The Church Lads' and Church Girls' Brigade will be keeping information about my child's membership.

I give full consent to the holding of information of my child's health, disabilities, race/ethnic origin for Brigade purposes.

I give full consent to my child taking part in activities and trips locally on Brigade nights.

Name of Parent/Guardian (in capitals) _____

Address _____

_____ Post Code _____

Telephone _____ Email _____

Annual Update tick if no changes – complete new form if there are:

☐ 2024

☐ 2025

☐ 2026

☐ 2027

☐ 2028