

# Refugee Membership Registration Form

This form must be completed by anyone taking out a Refugee Membership. **IT MUST BE APPROVED BY L.A/HOST FAMILY**

Parents / Responsible adults to complete form for under 16's

<b>Q1. Your Name</b> (Please write clearly in the boxes below)	
Surname: <input style="width:90%;" type="text"/>	Forename: <input style="width:90%;" type="text"/>
<b>Q2. What is your email address?</b> (Please write clearly in the boxes below- to be provided ONLY if over 16 years)	
<input style="width:100%; height: 20px;" type="text"/>	
<b>Q3. What is your mobile number?</b> (Please write clearly in the boxes below- to be provided ONLY if over 16 years)	
<input style="width:100%; height: 20px;" type="text"/>	
<b>Q4 Date of Birth</b>	
<input style="width:100%; height: 20px;" type="text"/>	
<b>Q5. Full Address</b>	
<input style="width:100%; height: 60px;" type="text"/>	
<b>Q6. Which ethnic group do you consider yourself/ your child to belong to?</b> (Please tick ONE below)	
White: <input type="checkbox"/> Mixed: <input type="checkbox"/> Asian: <input type="checkbox"/> Black: <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to say: <input type="checkbox"/>	
<b>Q7. Name of emergency contact, relationship and phone number:</b> Host family details can be used!	
Name: <input style="width:90%;" type="text"/>	Relationship to You: <input style="width:90%;" type="text"/>
Phone number: <input style="width:100%; height: 20px;" type="text"/>	
<b>Relevant medical information:</b> (include any allergies / injury problems)	<input style="width:100%; height: 30px;" type="text"/>
<b>Signature:</b> <input style="width:250px; height: 30px;" type="text"/>	<b>Date:</b> <input style="width:100px; height: 30px;" type="text"/>
<b>Additional family members</b> (Please write clearly in the boxes below)	
Surname: <input style="width:90%;" type="text"/>	Forename: <input style="width:90%;" type="text"/>
<b>Date of Birth</b>	
<input style="width:100%; height: 20px;" type="text"/>	
<b>Additional family members</b> (Please write clearly in the boxes below)	
Surname: <input style="width:90%;" type="text"/>	Forename: <input style="width:90%;" type="text"/>
<b>Date of Birth</b>	
<input style="width:100%; height: 20px;" type="text"/>	

**PLEASE TURN OVER**

<b>Additional family members</b> (Please write clearly in the boxes below)	
Surname: <input type="text"/>	Forename: <input type="text"/>
<b>Date of Birth</b>	
<input type="text"/>	

<b>Additional family members</b> (Please write clearly in the boxes below)	
Surname: <input type="text"/>	Forename: <input type="text"/>
<b>Date of Birth</b>	
<input type="text"/>	

<b>IN ORDER FOR YOUR MEMBERSHIP TO BE APPROVED, THIS SECTION MUST BE COMPLETED</b>	
<b>Host Family details / Local organisation approval details</b> (Please write clearly in the boxes below)	
Surname: <input type="text"/>	Forename: <input type="text"/>
Local Organisation name: <input type="text"/>	Position: <input type="text"/>
<b>What is your email address?</b> (Please write clearly in the boxes below- to be provided ONLY if over 16 years)	
<input type="text"/>	
<b>What is your mobile number?</b> (Please write clearly in the boxes below- to be provided ONLY if over 16 years)	
<input type="text"/>	
<b>Full Address</b>	
<input type="text"/>	

**GDPR:** The information you have provided about yourself will be used to monitor the success of the programme and help us plan for future activities.

We would like to stay in touch to monitor the success of your membership as well as to publish an anonymous case study of your time using our facilities. Please tick this box to provide consent

At Freedom Leisure we have exciting offers and news about the products and services on offer at your local Freedom centre that we are sure you would like to hear about. We would like your permission to keep you up to date.

Please tick this box to provide your consent for us to collect and process your details:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<b>OFFICE USE ONLY</b>
Name of Freedom Leisure Staff processing membership: .....
Membership Type: .....
Membership Number: .....
Date participant completed form: .....