

**Oxford University Octopush Club - Membership Form for 2009/2010**

**Sections 1, 2 and 3 must be completed before being allowed to participate in Octopush**

**Section 1 - Personal Details (Please complete in CAPITAL LETTERS)**

Name: (Mr/Mrs/Ms)..... D.O.B: .....

College/Dept (if applicable) .....

E-Mail Address: .....

Contact Address: .....

Postcode:.....

Contact Telephone Number:.....

**Emergency Contact Name:**

**Emergency Contact Telephone Number:**

**Section 2: Declaration (please ✓ or × in the box as required)**

☐ I understand that there is an element of risk involved with the playing of all sports. I am able to swim 2 lengths of a 25 metre pool, swim an additional 1 width underwater, whilst holding my breath and can retrieve a brick from the deepest part of a 1.8 to 2 metre deep swimming pool. All tasks carried out while wearing full equipment (mask, snorkel and fins).

☐ I understand that I will be partially liable for club kit that I borrow, up to 50% of the replacement cost in the event of damage to an item of kit.

☐ I have received during Michaelmas/Hilary/Trinity Term (Please circle accordingly) a safety briefing by members of the Club Committee on the fundamental safety aspects of the Octopush Club, covering basic emergency procedures at the sports centre e.g. fire evacuation routes, reporting of equipment faults, reporting of building faults.

☐ I have read the Risk Assessment, Code of Conduct, and Constitution of the Oxford University Octopush Club as displayed on the club website and I agree to abide by the club guidelines at all times.

☐ I understand that I will be asked to leave the club session immediately if deemed to be deliberately not following the Code of Conduct or ignore instructions from the Club Coach.

☐ I agree to this form being kept indefinitely by the Oxford University Octopush Club, on the understanding that the disclosed information will be kept confidential, and shared only between the Club Committee and Coaches. Other than the club or where required in consultation with the University Sports Department and Sports Federation, the information on this form will not be supplied to any other third party.

☐ I am aware that photos and video footage may be taken by club members authorised to do so by the Activity Leader in accordance with the Venue Rules. I give my permission to be photographed and am aware that I may retract my permission at any time.

**Section 3: Medical Information (please ✓ or × in the box as required)**

☐ I have no medical condition which will prevent me from taking part fully in Octopush.

☐ I have a Medical Condition which may limit/prevent full and safe participation in Octopush.

Details:

☐ I agree to bring any medication I require to all club sessions.

☐ Before each club session I will inform Club Coaches and relevant members of the committee of any medication, allergies, injuries or other medical conditions which may affect my ability to participate fully in the sport on that day.

☐ I will inform the club President or Membership Secretary if my circumstances as recorded on this form change

Name:.....(Legal Guardian if under 18 years of age)

Signature:.....Date:.....