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| **Bournemouth Gateway Club Emergency Contact Details Form** | | | | | | |  |  |  | | | | |  |
| ALL members must complete this form and let us know of any changes | | | | | | | | |  | | | | |  |
| We will add your name to our email newsletter list so we can let you know of any events or club cancellations etc. We will only share your information in the event of an emergency or safeguarding issue. | | | | | | | | |  | | | | |  |
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| **Name** |  | | | | | | | |  |  | |
| **Address** |  | | | | | | | |  | | | | |  |
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| **Post Code** |  | | | | | | | |  | | | | |  |
| **Date of birth** |  | | | | | | | |  | | | | |  |
| **Member phone** |  | | | | | | | |  | | | | |  |
| **Member email** |  | | | | | | | |  | | | | |  |
| **Emergency contact name** |  | | | | | | | |  | | | | |  |
| **Emergency contact phone** |  | | | | | | | |  | | | | |  |
| **Emergency contact Email** |  | | | | | | | |  | | | | |  |
| **I agree to my email address being added to the newsletter mailing list YES NO** | | | | | | | | |  | | | | |  |
| **G.P. surgery name and phone number** |  | | | | | | | |  | | | | |  |
| **Allergies / food intolerances** |  | | | | | | | |  | | | | |  |
|  | | | | |  |
| **Health conditions or things we need to know about you** |  | | | | | | | |  | | | | |  |
| **Travel to and from club** | Independent / carer / taxi Taxi company name  Taxi tel. no | | | | | | | |  | | | | |  |
| **Vaccinations** | Covid vaccinations YES NO | | | | | Flu vaccinations YES NO | | |  | | | | |  |
| **Days I will attend** | Wednesday | | Thursday | | | Friday | Saturday evening | |  | |  | |
| **Email address for monthly invoices** |  | | | | | | | |  | | | | |  |
| **Please also read and sign the declarations on page 2** | | | | | | | | |  | | | | |  |
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| **Declarations** |  |  | |  |  | | | |  | | | | |  |
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| **If I book onto a regular paid session on a Wednesday, Thursday or Friday, I agree that I will pay my fees whether I attend or not. This is because Gateway Club still have to pay rent and staff etc.**  **Please sign to say you agree to the points below. Please cross out and initial anything that does not apply to you.** | | | | | | | | |  | | | | |  |
| •           I consent to my personal information being shared in the case of an emergency or safeguarding issue. | | | | | | | | |  | | | | |  |
| •           All information held is confidential unless I, or another person, am at risk of harm or abuse. In such cases the police/social services will be notified as appropriate. | | | | | | | | |  | | | | |  |
| •           I agree to have my photograph taken and used on promotional material for Bournemouth Gateway Club such as display boards, magazine or newspaper articles, social media, etc. | | | | | | | | |  | | | | |  |
| •           I may occasionally leave club premises on my own or with a member of staff/volunteer to go to other community activities such as the shop, library or park etc. | | | | | | | | |  | | | | |  |
| •           I agree to the club rules and to be respectful and polite. | | | | | | | | |  | | | | |  |
| •           If I do not follow the rules I may be asked to leave and may be asked not to return. | | | | | | | | |  | | | | |  |
| •           If I have a complaint I can talk to a member of staff or volunteer. | | | | | | | | |  | | | | |  |
| •           I am able to consent for myself unless club staff have been notified otherwise. | | | | | | | | |  | | | | |  |
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| Signed |  |  | |  | Print Name |  |  |  |  | | | | |  |
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Date

**PLEASE ALSO MAKE SURE YOU COMPLETE THE PERSONAL EMERGENCY EVACUATION PLAN**

**Current sessions and charges as at Jan 2025**

|  |  |  |
| --- | --- | --- |
| **Day and Time** | **Price** | **Booked paid monthly or drop in pay on the day** |
| Wednesday 10.30 - 3 | £38 | Booked and invoiced only |
| Thursday 10.30 - 3 | £38 | Booked and invoiced only |
| Friday 10.30 - 3 | £38 | Booked and invoiced only |
| Every other Saturday evening 6-8pm | £5.00 | Drop in |
| Social events | Varied | Booked and paid for in advance |