

ROCHDALE DAWAH CENTRE- MEMBERSHIP FORM

We are very pleased to welcome you to *Rochdale Dawah Centre*.

If you are under 18 please also ask your parents/carer to sign the form before it is returned.
Membership Costs £1 per calendar month.

Please complete this form in **BLOCK CAPITALS**

PERSONAL DETAILS

Name	
Address	
Post Code	
Gender	
Mobile Number	
Email Address <small>If under 18 please provide the parent/carer/guardian's email address</small>	
Date of Birth	
School	

Ethnicity

To help RDC monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A. White

- a. British
- b. Irish
- c. Any other white background (please specify):

B. Mixed

- a. White & Black Caribbean
- b. White & Asian
- c. White & Black African
- d. Any other mixed background (please specify):

C. Asian or Asian British Pakistani

- a. Indian Bangladeshi
- b. Any other Asian background (please specify):

D. Black or Black British

- a. Caribbean
- b. African
- c. Any other Black background (please specify):

E. Chinese or another ethnic group

- a. Chinese
- b. Any other (please specify):

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disabilities

Other (please specify):

Marketing

Where did you learn about RDC?

- Word of Mouth
- Flier/Poster
- Newspaper
- Website
- Primary school
- Secondary school
- Local authority coaching session(s)
- Other (please specify):

Medical information

Please detail below any important medical information that our coaches should be aware of (eg epilepsy, asthma, diabetes, etc.)



Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

1 st contact name e.g. parent/carer	Contact Number:
2 nd contact name e.g. parent/carer	Contact Number:

For members Under 18

By returning this completed form, I agree to my son/daughter/child in my caretaking part in the activities of RDC. I understand that I will be kept informed of these activities – for example, timing and transport details. I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of parent/carer:	
Email of parent/carer:	
Signature	Date:
Signature (Athlete)	Date:

Please note that parents/carers must undertake a minimum of 6 hours per year of voluntary work with RDC. If you would be prepared to become a regular volunteer helper at our club and could do more please tick .

Our volunteer co-ordinator/club together officer will contact you.