



Name:

Date of Birth:

Known as:

Home Address:

Home Telephone:

Mobile Telephone:

Emergency Contact:

Telephone:

Email:

GP Surgery:

Medical Information

Do you have any medical conditions that you believe might affect your suitability to take part in physical activities? If so, please provide details

Yes Details:**ANNUAL MEMBERSHIP *****£175.00**

- CHEQUE PAID TO WOKINGHAM BOROUGH COUNCIL *or*
- PAYWEB ONLINE SERVICE (DEBIT/ CREDIT CARD) www.wokingham.gov.uk *or*
- PAY IN PERSON AT SHUTE END OFFICE, WOKINGHAM *See overleaf for details

DIRECT DEBIT MEMBERSHIP***£20.00 per month**

- I confirm that I would like to set up Direct Debit for SHINE. I understand that there is unlimited use available under the Direct Debit scheme.

*See overleaf for details**COUPON CARD MEMBERSHIP*****£31.50**

10 SESSIONS

- Cheque (in person at Shute End or send to WBC) *or*
- Paying Cash/Card at Shute End Wokingham *or*
- Payweb www.wokingham.gov.uk

Please Note: Coupons will be stamped at each session you attend and only named card holder can attend sessions.

Please do not send cash through the post.

*See overleaf for details

Annual Subscription

Cheque

(Pay to Wokingham Borough Council)

Online

PayWeb

(Credit card payments are subject to an additional £2.00 charge)

In Person

Pay at Shute End using Payment Machine
(Cash & Card Only)

Unlimited use to all SHINE classes.

Please do not send cash in the post

Direct Debit

Setting up Direct Debit for SHINE classes is simple. You are entitled to unlimited use to all SHINE classes under the Direct Debit scheme.

Direct Debit form can be downloaded from our website:

www.wokingham.gov.uk/shine or requested at

shine@wokingham.gov.uk or tel:

0118 974 3728

Coupons

Cheque

(Pay to Wokingham Borough Council)

Online

PayWeb

(Credit card payments are subject to an additional £2.00 charge)

In Person

Pay at Shute End using Payment Machine (Cash & Card Only)

Please do not send cash in the post

Please Note: Coupons will be stamped at each session you attend and only named participants on the card can attend sessions.

Data Protection Act 1998

The data collected in this form will not be used for any other purpose other than what the information was originally collected for by Wokingham Borough Council/SHINE and data collection will not be disclosed to any external sources without your written consent (unless there is a legal obligation to do so).

The information on this form will be retained by Wokingham Borough Council (Sports & Leisure Department) on a secured database and secure cabinets.

First Aid Consent

I give my permission for the administration of basic first aid treatment by Wokingham Borough Council, SHINE or 1Life staff. In the event of an emergency, I authorise staff (either WBC/SHINE/1Life or venue staff) to take appropriate action to obtain necessary medical help including calling for an ambulance or other medical assistance.

Please tick below with your preference.

I give permission for the above

I do not give permission for the above

Photograph Release Clause

I give permission to Wokingham Borough Council/SHINE to include my image in any photographs, videos, website or marketing material. I give permission for these photographs and my written profile (with my approval) to be used in any future publications, including social media for Wokingham Borough Council/SHINE and for other promotional material for which it may be suitable.

Please tick below with your preference.

I give permission for the above

I do not give permission for the above

Wokingham Borough Council accepts no responsibility or liability for any loss, injury or damage to persons or property save, where such loss, injury or damage is directly caused by the negligence of the council. It is my responsibility to ensure I am fit and in good health to participate in the activity I choose to attend. If your personal and/or medical information changes, it is your responsibility to notify your instructor/s and SHINE team.

Please Note: Wokingham Borough Council reserves the right to cancel any course if they consider it necessary. If an instructor or member of the SHINE team or venue staff feels that there is a risk to your health or enjoyment, you may be advised to seek written consent from your health professional before continuing with a SHINE class. Refunds are not given for cancelled classes outside of our control.

Code of Conduct:

You are asked to comply with a Code of Conduct, available from the SHINE coordinator, which sets out acceptable behaviour. Individuals who breach the Code of Conduct may be asked to leave the programme. Refunds are not given in these circumstances

Personal Information:

By signing this form, I have read and understood the terms and conditions and agree to abide by them.

Signed:

Print Name:

Date: