



*Being an independent charity, we receive no long-term funding, grants or subsidies so we rely upon gifts of money and fees for usage and membership. We suggest £10 for annual membership more is always welcome and please be generous if you can. Donations can be given at any time throughout the year.*

<b>First name:</b>			
<b>Surname:</b>			
<b>Date of Birth:</b>			
<b>Are you?</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Age:</b> _____
<b>Your Address</b>			<b>My home address is in:</b>
<b>Postcode</b>			City of Westminster <input type="checkbox"/>
<b>Home Telephone No</b>			Other, please state <input type="text"/>
<b>Mobile No</b>			<b>I go to school in:</b>
<b>Email Addresses</b>	Youth Member: _____		City of Westminster <input type="checkbox"/>
	Parent or guardian: _____		Other, please state <input type="text"/>
<b>Swimming ability (in metres)</b>	_____	<b>Name of School:</b>	_____
<b>Do you have any medical conditions or disabilities (including drugs and allergies)?</b>	_____		

**Emergency Contact (reachable during session times)**

<b>Name of Contact</b>	_____		
<b>Telephone No.</b>	_____	<b>Mobile No.</b>	_____

### PARENTAL CONSENT

Information provided on the application will be used only for the purposes of Westminster Boating Base and the Westminster Council in compliance with the provisions of the Data Protection Act 1998.

I give consent for any photographic material taken by Westminster Boating Base or Westminster Council to be used for their reports and publicity.

I give consent for my son/daughter/ward to participate in the activities of the WBB. and confirm that he/she can swim 25 metres in a buoyancy aid and light clothing. Some people may be exempt from this requirement but everybody must be confident in and about water. This may include activities at other locations. I agree that the information on this form is correct and I confirm that I have read & understood the Weil's Disease handout.

I agree to my son/daughter/ward receiving medication as required for any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I will inform WBB when there are any changes to my child's medical or other circumstances specified in this form.

I enclose:

- The suggested £10 fee for annual youth membership .....
- A donation to the charity in the envelope provided .....

I understand that I can make further donations at any time.

Signature: \_\_\_\_\_  
(of parent if under 18 yrs of age)

Please print name: \_\_\_\_\_

**Important Information**

It is likely you will get wet whilst participating, so everyone must bring:

- suitable clothing for the weather, inc. soft-soled shoes, to wear whilst on the water.
- towel and wash-kit.
- Applicants under 18 must have a completed membership form including a parent's or guardian's consent.

*Nobody will be able to go on the water without the above*

**Please tell us more about yourself.**

<b>How would describe yourself?</b>	Asian or Asian British	<input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian Background Please specify.....
	Black or Black British	<input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Other Black Background Please specify.....
	Chinese	<input type="checkbox"/> Chinese
	Dual Heritage	<input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> Other Dual Background Please specify.....
	White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Other White Background Please specify.....
	Other	<input type="checkbox"/> Other Ethnic Group Please specify.....
	Prefer not to say	<input type="checkbox"/>

**Would you describe yourself as having any disabilities?**  Yes  No

**If yes, how would you describe these?** .....

**Are you?**

<input type="checkbox"/> At College (Full Time)	<input type="checkbox"/> At College (Part Time)
<input type="checkbox"/> At School	<input type="checkbox"/> On a Training Scheme/New Deal
<input type="checkbox"/> At University (Full Time)	<input type="checkbox"/> At University (Part Time)
<input type="checkbox"/> Unemployed (Not Claiming)	<input type="checkbox"/> Unemployed (Claiming)
<input type="checkbox"/> Employed (Full Time)	<input type="checkbox"/> Employed (Part Time)
<input type="checkbox"/> Doing Voluntary Work	<input type="checkbox"/> Carer
<input type="checkbox"/> Home Maker	<input type="checkbox"/> Prefer not to Say

**Name of School or College:**

**Do you consider that you have learning difficulties?**  Yes  No

**What is your religion?**

**What is the language you use at home?**



An independent charity teaching watersports on the river Thames in central London  
Registered Charity No. 299412  
Westminster Boating Base  
136 Grosvenor Road  
London  
SW1V 3JY



# Westminster Boating Base

Inspiring young people to broaden their horizons

I enclose a donation for Westminster Boating Base to the value of £\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**Gift Aid Declaration**

I am a UK tax payer and want my donation to be treated as Gift Aid. Westminster Boating Base can claim from the inland revenue 28 pence for every £1 donated to the charity.

*giftaid it*