

# HEATHFIELD & DISTRICT BONFIRE SOCIETY



## JUNIOR CONSENT FORM 2019

1. To be completed by the parent or legal guardian of junior applicants in all cases:

Name of Child 1: ..... D.O.B.....

Name of Child 2: ..... D.O.B.....

I am the parent or legal guardian of the applicant(s) and give my permission for them to become members of HDBS and attend events and out-meetings.

I have read and understood the membership rules\* regarding junior members and will ensure that my child/children understand(s) the importance of the rules and any instructions given to them being obeyed, for their safety and the safety of other members and the public.

In the event of the rules\* or instructions not being followed I understand that membership for my children and myself (if a member) may be revoked.

2. To be completed by the parent or legal guardian if appointing a Nominated Responsible Adult:

I wish to appoint HDBS member ..... (give full first name and surname), membership number.....,

as the Nominated Responsible Adult for my child(ren) in the terms of the rules. I have the nominee's agreement. I accept full responsibility for my nomination. I confirm that it is entirely my own choice and that no responsibility for my choice is assumed by HDBS or implied. I also understand that membership of the applicants is suspended if their Nominated Responsible Adult ceases to be a member of HDBS for any reason, or revokes their acceptance of my nomination at any time. I understand it will then be my responsibility to find an alternative candidate.

3. To be completed by a Parent or Legal Guardian of the applicant:

Name:..... Membership Number (if a member): .....

Contact Number: ..... Email Address:.....

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

4. To be completed by the Nominated Responsible Adult, if one is being appointed:

I am member.....(name) .....(membership number). I have agreed to become Nominated Responsible Adult of the applicant(s) named above for the coming year and accept responsibility for them in the terms of the rules while they are attending HDBS events. I undertake to notify HDBS and the parent or legal guardian in writing if I cease to be a member or I no longer feel able to accept responsibility. I will notify the Society of any concerns I may have regarding the behaviour of the applicant. I understand that, when I have a junior member in my care, I must not become incapable of carrying out my duties as Nominated Responsible Adult due to intoxication.

5. Nominated Responsible Adult Name: ..... Membership Number:.....

Contact Number: ..... Email Address;.....

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

The information supplied on this form will be retained by HDBS on a database and will be used by the membership secretary for the administration of memberships, distributing badges to members and to check valid membership at all events & out-meetings HDBS attends. The information may be used by HDBS to contact you by letter, telephone or e-mail with details of future events & out-meetings. It may also be shared in an emergency or for safety and security purposes. Data will be kept whilst you are an HDBS member, if membership is not renewed, all data will be destroyed. This form will be destroyed once your details have been entered onto the HDBS secure CRM.

Please tick to give consent for us to contact you (parents or legal guardians and juniors 11-17 years only; does not apply to juniors under 11 years old):

POST  EMAIL  PHONE  SMS  Parent or Legal Guardian

POST  EMAIL  PHONE  SMS  Child 1 (11-17 years)

POST  EMAIL  PHONE  SMS  Child 2 (11-17 years)

Notes:

1. If the applicant wishes to remain a member in an ensuing year this form must be completed again by all parties.
2. If a junior member attains the age of 18 during a year in which he is a member he will automatically become an adult member for the remainder of the year. No additional subscription will be due until full membership is applied for in the following year.
3. The rules\* are available via our website or can be made available on request.

Return all forms/cheques to: Heathfield & District Bonfire Society, 56 Downsview, Heathfield, TN21 8PF or to [heathfieldbonfiremembers@gmail.com](mailto:heathfieldbonfiremembers@gmail.com)