

Member Registration



A Charity for Stroke Survivors in Woking and the surrounding area.
Charity No. 1126721 Affiliated to the Stroke Association www.wokingstrokeability.com

Name	
Address	
Telephone number	
Email address	
Emergency contact name	
Emergency contact tel. no.	

Do you have Type 1 Diabetes, Asthma, Epilepsy or other condition that could lead to a sudden loss consciousness? If yes, please provide details

Always limit your activities to your fitness level.

I confirm that I am able to take part in gentle exercise and that Woking Strokeability will not be held liable for any injury sustained whilst attending any of their events. I also confirm that I will follow such practices and policies that the charity have put in place for the management and governance of the charity.

I consent to Woking Strokeability processing my personal data and am aware that my consent can be withdrawn at any time.

<u>Signature</u>	<u>Date</u>	<u>Gift Aid</u>
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Carer Name	
Carer Address	
Carer Telephone number	
Carer Email address	
Carer Emergency contact	
Carer Emergency tel. no.	

Carers need to help and support the member in their charge throughout our meetings. especially when in the pool where they should accompany them at all times in the water.

I confirm that I will follow such practices and policies that the charity have put in place for the management and governance of the charity.

I consent to Woking Strokeability processing my personal data and am aware that my consent can be withdrawn at any time.

<u>Signature</u>	<u>Date</u>	<u>Gift Aid</u>
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Gift Aid Declaration By ticking the box I confirm that I want to Gift Aid any donations I make in the future or have made in the past 4 years to Woking Strokeability. I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.