

Sunderland Cardiac Support Group

Membership Application Form



Full Name (Please print)

Date of Birth:

Address:

.....

..... Post Code:

e-mail:

Contact Tel No:

Emergency Contact Name:

Emergency Contact Tel No:

[Please read carefully before signing] I, the Undersigned, accept and understand that my participation in any class or course of activity, run by or on behalf of the Sunderland Cardiac Support Group, or any of its employees or representatives, is entirely voluntary and at my own risk, and that any injury or illness sustained as a result of such participation shall be deemed to be my own responsibility. I believe that I am able to participate and benefit from joining the group to exercise at my own pace.

Date: Signature:

Please note that under the terms of the Data Protection Act 1998, the Sunderland Cardiac Support Group has to inform you that the information you have provided here and other information you may provide us with in the future, will be used to:

- i) Manage the volunteer resource of the Group
- ii) Collate statistical data
- iii) It will not be disclosed to any other organisation

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