



# Rebellion Re-enactment Membership Form

## Your information

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email \_\_\_\_\_

Mobile number \_\_\_\_\_

## Emergency Contact Information

*Why do you need  
this information?*

We ask you to provide us with the name and number of somebody that we can contact in the event of an illness, injury, or major incident at an event.

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Mobile Number \_\_\_\_\_ Work Phone \_\_\_\_\_

**Data Protection:** We do not require the permission of the emergency contact to handle their data as it is held in the interest of our members in the event of an emergency. Please ensure you have their permission to use them as your emergency contact. Yours and your Emergency Contacts data will only be accessible to the society's designated Event Officer.

The information will be stored securely (locked away) by the Event Officer.

The information will be deleted / redacted from forms at the end of each membership year, so it will need to be resubmitted on an annual basis.

The emergency contact can apply to receive a copy of all the information held by the society about them at any time.

**Membership fee 2021: £40 Adults, £20 Childs**

**I agree to my/my child's data being held** and used for all administrative tasks necessary for the society, and I agree that I may be contacted by the society and its officers when appropriate.

**Signature:**

**Date:**

**Signature of parent/guardian:**

Please return the completed and signed form to [rebellionreenactment@gmail.com](mailto:rebellionreenactment@gmail.com)



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## Medical History Form

*Why do you need this information?* Allergies, medicines, disabilities and pregnancy are all conditions the society needs to be aware of in order to keep you and your fellow members safe. This information will only be seen by the Event Officer and in the event of an emergency shared with trained medical personnel in order to ensure you receive the best care. Any disclosure of disabilities can not and will not be a reason for you being barred membership and is simply to ensure we know and can accommodate any extra help this may require at events. You do not have to provide this information if you do not wish to disclose it, however if you receive inappropriate care because of this the society is not liable for any complications or problems. As such even if you do not fill out this form by signing below you acknowledge this.

<p>Please detail any <b>long-term medical conditions</b> and any <b>medication</b> you take for them.</p> <p>(Heart disease, asthma, diabetes, epilepsy etc)</p>	
<p>Are you <b>allergic</b> to any <b>medicines</b>?</p>	<p><i>If yes please provide details.</i></p>
<p>Please detail any <b>other</b> allergies and any medication you have (if necessary).</p>	
<p>Please detail any <b>previous injuries</b> that might impact your ability to take part in combat.</p>	



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Do you consider yourself to have a <b>disability</b> as defined under the Disabilities Act?	<i>If yes please provide details.</i>
Do you have any <b>dietary requirements</b> ?	
Is there anything else you believe we should be aware of?	

**\* I understand that it is my responsibility to bring any and all medication, emergency medication and disability related equipment I require to any and all events and training.**

**\* I consent to this information being shared by any trainers, relevant event staff (after consultation), paramedics, first responders and hospital staff.**

**Signature:**

**Date:**

**Signature of parent/guardian:**

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