



## Application Form

Please complete the following information below, if under 16 please can a Parent/Carer complete the form on behalf of the Child.

### Applicant's Details

|                           |            |             |  |
|---------------------------|------------|-------------|--|
| Surname                   |            | Given Names |  |
| D.O.B                     |            | Gender      |  |
| <u>Address</u>            | Mobile No. |             |  |
|                           | Home No.   |             |  |
|                           | ASA No.    |             |  |
| Email                     |            |             |  |
| Country of Representation |            |             |  |

### Emergency Contact Details Person 1:

|              |  |
|--------------|--|
| Name         |  |
| Relationship |  |
| Address      |  |
| Mobile No.   |  |
| Home No.     |  |
| Email        |  |

### Emergency Contact Details Person 2:

|              |  |
|--------------|--|
| Name         |  |
| Relationship |  |
| Address      |  |
| Mobile No.   |  |
| Home No.     |  |
| Email        |  |

Please may you also complete the following forms attached:

1. Medical Information form
2. Photography consent form
3. Members' Code of Conduct
4. Parent's Code of Conduct
5. ASA Registration Form
6. ASA Child Safeguarding Policy and Statement

Signed (Member):

Signature of Parent/Carer (If under 16):

Date: