

Disability Sportslink Membership Application Form

Individual Form Only

What is Disability Sportslink?

Disability Sportslink is a membership scheme that provides concessionary rates on a selection of sport and leisure activities at Gravesham Community Leisure Limited sites;

Cygnets Leisure Centre

Old Perry Street
Northfleet
Kent
DA11 8BU

Cascades Leisure Centre

Thong Lane
Gravesend
Kent
DA12 4LG

The Swanscombe Centre

Craylands Lane
Swanscombe
Kent
DA10 0LP

Who qualifies for Disability Sportslink Membership?

- Adults and children claiming benefits for a disability.
- Groups offering services for people claiming a disability.

What evidence is required for membership? (Any of the following plus proof of address)

- Proof of receiving disability living allowance/ Personal Independence Payment (letter must be current).
- Proof of receiving attendance allowance (letter must be current).
- Blue badge or disabled persons bus pass/ disabled person's rail card.

Plus

- Proof of address.

How much does Disability Sportslink membership cost?

| | |
|---|---------|
| Part of Active Leisure family or full Outline member..... | £0.00 |
| Council Tax paid to Dartford or Gravesham Borough Councils..... | £20.00 |
| Other..... | £45.00 |
| Residential/ Day services group/ School/ Referral unit..... | £110.00 |

How do I get a Disability Sportslink Membership card?

Complete the attached form and return it to reception at any GCLL centre along with your proof of eligibility. A receptionist will sign your form to say that they have seen your evidence and take payment. Your form will then be processed and a membership card issued at point of sale.

Disability Sportslink membership benefits:-

- Free entry into all GCLL centres.
- Free entry for carer while in a supporting capacity.
- Discounted rates on specified activities.
- Free swim sessions at specific times.
- Disability Sportslink programme of activities.

Note: Members **must** provide their own assistance if necessary. There is no capacity for one to one tuition unless otherwise stated.

INDIVIDUAL DISABILITY SPORTSLINK MEMBERSHIP APPLICATION FORM

Please make sure you complete all sections of this form.

Full Name:

Full Address:

.....Post Code:

Telephone contact numbers:

E-mail:.....Date of Birth:.....

Where council is your council tax paid to?

Household membership lead name/ full Outline membership number?

Where would you like to collect your Disability Sportslink Membership card from?

Cascades Leisure Centre

Cygnets Leisure Centre

Swanscombe Leisure Centre

Evidence (to be completed by reception)

| | | | | |
|--|----------------------|--|---|--------------------------------------|
| Disability Living Allowance/ Personal Independence Payment | Attendance Allowance | Blue Badge or disabled persons bus pass (orange strip)/ rail card. | Price; Part of family or full Outline memberships£0.00 Individuals whose Council Tax is paid to Dartford or Gravesham Borough Councils..... £20.00 Other individuals.....£45.00 Residential/ Day services group/ school/ referral unit.....£110.00 | Receptionists NAME |
| End date: | End date: | | | Price Paid; Rec No. |

I/ we have read and agree to be bound by the terms and conditions (on the back page) of the Disability Sportslink Membership

Signed..... Date.....

Parent or person responsible for the applicant should sign where necessary

If you have signed on behalf of an applicant please give your details:

Name.....

Address.....

..... Post Code

I am the*.....for the applicant and have the authority to sign on behalf of the applicant.

**give details of your relationship to the applicant.*

| |
|---|
| <p>For office use only</p> <p>Date accepted</p> <p>Expiry date.....</p> <p>Membership number</p> |
|---|

EQUAL OPPORTUNITIES MONITORING FORM

Sportslink is committed to developing and implementing Equal Opportunities and recognizes that discrimination occurs. (On the basis of race, religion, gender, age sexual orientation and disability.) In order to identify possible discrimination. Sportslink asks you to assist us by completing the following information.

PLEASE CIRCLE OR SPECIFY OPTIONS THAT BEST DESCRIBES YOU.

| | | | |
|--|--|-------------------------|--------------------------------|
| GENDER | MALE | FEMALE | |
| NATIONALITY | | | |
| WHITE | BRITISH | IRISH | OTHER..... |
| MIXED | WHITE/ BLACK CARIBBEAN | WHITE/ BLACK AFRICAN | WHITE/ ASIAN OTHER..... |
| ASIAN/ ASIAN BRITISH | INDIAN | PAKISTANI | BANGLADESHI OTHER..... |
| BLACK/BLACK BRITISH | CARIBBEAN | AFRICAN | OTHER..... |
| CHINESE OR OTHER ETHNIC GROUP | CHINESE | OTHER..... | |
| SEXUAL ORIENTAION | BISEXUAL | GAY | HETEROSEXUAL |
| | LESBIAN | PREFER NOT TO SAY | |
| RELIGION | CHRISTIAN | BHUDDIST | JEWISH |
| | MUSLIM | SIKH | NO RELIGION |
| | ALL OTHER RELIGIONS, BELIEFS OR FAITHS | | |
| | PREFER NOT TO SAY | | |

DISABILITY MONITORING FORM

Details of a person's disability are required to ensure that funding guidelines are adhered to as well to be able to provide a person centred approach.

If you are under 18 years old or unable to understand this form, it should be completed and signed on your behalf by your parent or guardian.

Male / female

Are you disabled? YES / NO

What is your disability?

Circle the expressions that you feel describes you best:

Ambulant/ Require a walking aid/ Wheelchair user/ Power chair user

Physically disabled/ Learning disabled/ Mental health/ Sensory impaired/ Older persons physical disability

Other (please state).....

Put a tick against the phrases that you feel describe your disability and / or health,

Then give all relevant details:

| | | Tick | Details |
|----|----------------------------------|------|---------|
| 1 | Bones and or joints affected | | |
| 2 | Abnormal muscle tone | | |
| 3 | Balance affected | | |
| 4 | Coordination affected | | |
| 5 | Absence of limb(s) | | |
| 6 | Loss of use of limb(s) | | |
| 7 | Sensory Impairment | | |
| 8 | Communication problems | | |
| 9 | Restricts the amount of exercise | | |
| 10 | Results in behavioural problems | | |
| 11 | Causes seizures or fits | | |
| 12 | History of heart problems | | |

DISABILITY MONITORING FORM CONTINUED

Please tell us about any other details that you feel we should know about before you start on your proposed physical activity. E.g. Surgical /medical appliance or orthosis, a condition or indication not already mentioned.

.....
.....
.....

I confirm that I will advise Disability Sportslink immediately if any of the information provided on this form changes in any way. I recognise that physical activities involve risk and that I, the Participant, should take all reasonable precautions and follow all advice properly given. In the absence of any negligence on the part of G.C.L.L. or G.C.L.L. staff, I accept that no liability will attach to them.

Signature Date

If you have completed or signed this form on behalf of the person named at the beginning of the form please sign and make sure you have entered your details at the bottom of the previous page.

Name

Thank you for completing the form. Please return it to:

Cascades Leisure Centre,
Thong Lane,
Gravesend,
Kent DA12 4LG

Cygnets Leisure Centre
Old Perry Street,
Northfleet
Kent DA11 8BU

CUSTOMER COPY

DISABILITY SPORTSLINK MEMBERSHIP

Annual Membership Cards will be issued under the sections listed below fees will be payable where applicable. Please see next page for guidelines.

For continued Membership annual renewal will be required.

| Membership Section | Benefits to Members | | | | |
|--|---------------------------------------|------------------|---|--------------------------|---------------------------|
| | Annual Registration & Membership Card | Entry to Centres | Disability Sportslink Concessionary Rates * | Monthly Invoicing option | Advanced Booking Facility |
| Individual as part of household or full Outline membership | Inc. in membership. | Free | Yes | Yes | Yes |
| Individual living within the N.W.K. boroughs of Dartford, Gravesham or Swanley | £20.00 | Free | Yes | Yes | Yes |
| Individual living elsewhere | £45.00 | Free | Yes | Yes | Yes |
| Residential/ Day services group/ school/ referral unit. | £110.00 | Free | Yes | Yes | Yes |

| Disability Sportslink Project Concessions | | |
|--|--------------------------|--------|
| Gym | Per person per hour. 11+ | £7.35 |
| Badminton Court | Per group per hour | £9.00 |
| Squash Court | Per group per 45 minutes | £5.85 |
| Basketball/ 5 aside football/ whole main hall activity | Per group per hour | £60.00 |
| Swim (Monday – Friday) | Per person | £3.75 |
| Exercise class (carers pay or sit out) | Per Person | £7.35 |
| MS Class | Per person | £2.50 |

NB: No fee will be charged for cancellation of bookings up to 24 hours prior to the booking; . Other than this all bookings **must** be paid for.

DISABILITY SPORTSLINK MEMBERSHIP TERMS & CONDITIONS

Disability Sportslink Membership is part of Gravesham Community Leisure Limited's "Active Leisure" Scheme and is only available to people that have a registered disability.

Membership Sections;

- **As part of Active Leisure Family Membership or part of full Outline membership (£0.00)**
Available to individuals with a registered disability living within the Disability Sportslink in boroughs of Gravesham, Swanley or Dartford.
- **Sportslink Adult / Child Membership (£15.00)**
Available to individuals with a registered disability living in the boroughs of Gravesham or Dartford.
- **Residential/ Day services/ Schools and referral units (£100.00)** Available to all disability groups.
- **Individual Adult / child Membership (£40.00 per year)**
Available to all disabled adults living outside of the above funded areas.

CONDITIONS OF ACTIVE LEISURE MEMBERSHIP

1. A valid membership card must be produced on arrival at the centres to obtain free entry and concessionary rates.
2. The membership runs for twelve months from the date of purchase.
3. A photograph must be taken of the member as proof of ownership.
4. Membership cards are for the sole use of the person named on the card .
5. The card is not transferable.
6. Cancellations of bookings must be done one hour before the reserved booking. If the required notice is not given, then full payment of the activity will be charged.
7. Members are requested to inform us of any change of address or telephone numbers during the twelve month period.
8. Members must inform Cascades, Cygnet or Swanscombe Leisure Centres if any membership card is lost or stolen – replacement cards may incur a £5.50 charge.
9. Members can book seven days in advance, from 1pm Monday to Friday and from 11am at weekends.
10. Bookings can be made in person at the reception points or over the telephone with a membership number.
11. Entry to any of our centres maybe restricted in certain circumstances without giving prior notification.
12. Active Leisure memberships are non-refundable.
13. Reception staff are unable to obtain membership information in the event of a forgotten card – full non-members rates must be paid.
14. Active Leisure (Disability Sportslink) permits the owner to concessionary rates at Cascades, Cygnet and The Swanscombe Centre.
15. Membership cards are provided to individuals over the age of 3.
16. Prior to use of the gym equipment the applicant is required to complete an induction.
17. Ensure that appropriate clothing is worn for the activity that is being undertaken.
18. Active Leisure card holders are entitled to discounted use of the facilities stated at the time of joining, subject to availability. In the event of an activity being unavailable, no refunds or replacements will be given.
19. Management reserve the right to vary, revoke and add to these terms and conditions from time to time at their absolute discretion.
20. Gravesham Community Leisure Limited reserves the right to terminate this agreement if a serious or repeated breach of this agreement or the club rules of membership occur.
21. Gravesham Community Leisure Limited does not accept any responsibility for loss, damage or theft of any belongings brought onto the site.

Disability Sportslink Specific conditions

1. A Disability Sportslink Membership Application Form must be completed and approved, once approved an Active Leisure Membership Card will be issued.
2. Concessionary rates for disabled people, within Gravesham Community Leisure Limited, will be available only to Disability Sportslink Members with a current Active Leisure membership card on entry. i.e. Concessionary rates will not be available to disabled people that are not members. Concessionary rates are only available for the activities defined in the Disability Sportslink Section of the Gravesham Community Leisure Limited Scale of Charges.
3. **Members will only be able to enter the facilities at Disability Sportslink rates on production of their valid Membership Card**
4. If a Member requires the aid of a support assistant(s) the support assistant(s) may enter the facilities with the disabled person free of charge. However the support assistant(s) may only do so to assist / care for the disabled person and not to gain access to facilities and activities for their own personal benefit or gain.
5. Membership does not imply that all activities are suitable for all disabled people. Members are responsible for themselves and undertake the activities at their own risk or responsibility is taken for the Member by their support assistant(s).
6. Details of your disability maybe required from you for some activities to ensure that health and safety requirements are adhered to as well to be able to provide a person centered approach.