

INVICTA ARTISTIC ROLLER SKATING CLUB

MEMBERSHIP APPLICATION FORM

Details of Skater

Title..... Forename(s).....

Surname..... Male Female

Address.....

Postcode..... Tel No.....

Date of Birth..... Nationality..... Email Address.....

(Parents email if under 18)

Parents Name.....

I wish to apply for the following type of membership – please tick one of the statements below

Senior Annual Membership – (Over 18 years of age) £5 in first year/renewal by standing order

£6 renewal if not paid by standing order

Junior Annual Membership (Under 18 years of age) £5 in first year/renewal by standing order

£6 renewal if not paid by standing order

Family Membership (Up to 2 adults and 3 children at same address) £15 in first year/renewal by standing order

£16 renewal if not paid by standing order

I hereby give permission for the above named person to be mentioned by name and be photographed in any Newspaper/reports done by the club yes/no

I hereby give permission for the above named person to be mentioned by name (first name only used) and appear in photographs in any website/report done by the club yes/no

Have any skating tests previously been passed, if so please provide details

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Are there any medical conditions that should be known that may affect sport, if so please provide details..... yes/no

Are you/your child on any special drugs or use medical equipment for medical reasons, if so, please provide details..... yes/no

Are you/your child to the best of your knowledge allergic to any medication, if so please provide details..... yes/no

In the event of an accident, I give permission for anaesthetic and/or medical treatment to be administered in my absence should the need arise yes/no

(For Junior Membership only)

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

(Parent or guardian if under 18)

Here at Invicta Artistic we take the privacy of our members data seriously and will only use your personal information for club administration purposes and for communicating with you about your membership and club activities.