

# INVICTA ARTISTIC ROLLER SKATING CLUB

## MEMBERSHIP APPLICATION FORM

Details of Skater

Title..... Forenames.....

Surname..... Gender.....

Address.....

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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)