



www.teamsnowtrax.co.uk
Membership Application Form
Year to 31st September 2012

Membership

Adult Skiing Member (Over 18 at 1/11/2010)
Junior Skiing Member
Non-Skiing Member
Out of town Member

Membership Fee

£35.00
£30.00
£5.00
£10.00

Type of Membership Required (Please tick the relevant box)

Adult Skiing Member [] Junior Skiing Member [] Non-Skiing Member []
Out of town Member []

Personal Details

Name : Tel No :
Mobile :

Address :

Email Address : Date of Birth (if under 18) :

From time to time we may take photos of race members during training sessions or races and post them on our website. If you would not like photos of you to be used in this way please tick the box I agree to abide by the rules & regulations of the Club as shown in the Clubs Constitution (copies available from any committee member on request) and also on the Notice Board. I understand that all sports involve an element of danger and that occasionally accidents may occur. I do therefore, accept full responsibility for either my, or my child's participation in this sport and for any injury that may result from my/our participation. If you have any specific medical conditions, allergies to medicines or anything else which may effect your treatment in the event of an accident, then you must provide full details on the reverse side of this form.

Signature: Date:

Parent / Guardian details for Junior Members under the age of 18:

Name : Tel No :

Address:

I accept the above terms and conditions on behalf of the Junior Skiing Member detailed above and I have completed the Parental Consent and Medical form on the reverse of this application form

Signature : Date:

Please attach relevant fee, cheques should be made payable to 'Team Snowtrax'

New Member/ Membership Renewal Receipt 2011/12 : (Please detach and give to member to keep)

On behalf of Team Snowtrax I confirm receiving £..... for member/new member

Signed :
Date : Team Snowtrax

Parental Consent and Medical Form

I give my permission for to attend and take part in evening and weekend coaching sessions, weekend races or other events formally arranged by the club.

In the case of illness or accident, I authorise:

- The coach/leader(s) of the event to sign on my behalf any written form of consent required by medical authorities, if a delay in obtaining my signature is considered unnecessary or inadvisable by the doctor or surgeon concerned.
- The coach/leader(s) to administer prescribed medication.

Please give details of any special **medical condition** of which we should be aware (e.g. asthma, eczema, epilepsy, migraine etc):

Please give details of any known allergies:

Is a tetanus immunization up to date? YES/NO

Name :

Relationship :

Address :

Post Code :

Telephone :

Mobile :

Signed :

Name (Block Capitals) :

Date :