Membership No:

Stafford Squash Club Membership Form

BEFORE APPLYING FOR CLUB MEMBERSHIP, PLEASE READ ALL THE INFORMATION IN THE ATTACHED BROCHURE AND THIS FORM. PLEASE PRINT NEATLY USING '**ALL CAPITAL**' LETTERS.

MEMBER DETAILS

The information is required for registration with the BCS and to meet requirements of player insurance.

First Name*		Family Name*	
Home phone		Work phone	
Mobile Phone		Date of Birth*	
Home Address			
Email Address			
Occupation			
Company			

* NOTE: These details are required for registration in the BCS Comp / Stafford Club ladder / Juniors.

PARENT/GUARDIAN/NEXT OF KIN

If required, Stafford Squash Club/Centre committee and or Stafford Squash Centre staff can contact the following:

Name	
Contact Phone	

EXISTING ILLNESSES/ALLERGIES and INJURIES (OPTIONAL)

Describe any illness, allergy, injury or health issue you have, or have recently experienced:

Details			
Doctor		Contact No.	

MEMBERSHIP FEE

Mermbership Fee: ☐ Junior - 15 years & under (FREE) ☐ Senior ($30)

REGISTRATION DETAILS

Please register me in the following: ☐ BCS Comp (includes insurance) ☐ Stafford Club Ladder

CLUB MEMBER AGREEMENT

CONDUCT

I have read and understand the Stafford Squash Club/CentreCode of Conduct and acknowledge that misconduct may lead to suspension or cancellation of membership in, and access to, a Stafford Squash Club/Centre.

PRIVACY

I have read and understand the Stafford Squash Club/Centre statement on Privacy.

I understand that Stafford Squash Club/Centre may use my, or my child photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes in all forms of media including without limitation on TV, radio, press, magazine, outdoor, direct mail, PR, posters, corporate video, cinema, Internet (worldwide) subscription, and literature, and assign any and all rights, title and interest in the digital resource to which I or my child or ward may be entitled in law, to Stafford Squash Club/Centre, and agree to make no claim for compensation for the use of the resources including digital resources.

I DO NOT authorise Stafford Squash Club/Centreto use my, or my child or ward's photographic image and /or voice and/or word (all known as 'digital resource') for publicity and promotional purposes. ☐ (Please tick if applicable)

AUTHORISATION

I authorise Stafford Squash Club/Centre to obtain all necessary medical treatment which may be required by me (or my child) whilst in the care, control or custody of Stafford Squash Club/Centre, including any anaesthetic or surgical attention, which may be prescribed by an appropriately qualified medical practitioner, I acknowledge that the costs of any such treatment, including ambulance fees, will be my responsibility.

I authorise Stafford Squash Club/Centreto exercise all reasonable control, necessary in the circumstances over me (or my child) or over my (or my child's) behaviour whilst in the care, control or custody of Stafford Squash Club/Centre.

I acknowledge that initial and continuing membership and volunteering are subject to any decision by Stafford Squash Club/Centre, at its absolute discretion.

I am fully aware of the range of activities run by Stafford Squash Club/Centre and consent to my child's participation in any activities run by Stafford Squash Club/Centre, or its agents.

I authorise Stafford Squash Club/Centre to share my contact details with other members.

PARTICIPATION

I understand that participation in Stafford Squash Club/Centre activities involves the risk of injury and/or loss and damage to my property and that I participate in Stafford Squash Club/Centre activities at my own risk.

Stafford Squash Club/Centre, its staff, management, volunteers or agents are not liable for any personal injury, loss or damage of property or expenses, including medical expenses, which I or my child may suffer at the Club and/or as a result of a Stafford Squash Club/Centre activity.

I acknowledge that I have provided medical information only for emergency purposes in this form, and that Stafford Squash Club/Centreis not liable for failing to use this information in any circumstances.

ACCEPTANCE AND SIGNATURE

All the information provided in this form by me is accurate and true. I have read and accept those sections of this form relating to Conduct, Privacy, Authorisation and Participation. I acknowledge and accept that Stafford Squash Club/Centre's decision to accept or not accept my application is in its discretion and is final.

Name of Applicant		Signature		Date	

If the applicant is under 18 years of age, parent or guardian should sign below

Name of Parent/Guardian		Signature of Parent/Guardian		Date	