



Southwell Squash Club

APPLICATION FOR MEMBERSHIP

NAME:

ADDRESS:
POST CODE

TELEPHONE: HOME DAYTIME MOBILE

E-MAIL:

DOB (IF UNDER 18 YRS)

PARTNER/SPOUSE NAME:

I AM INTERESTED IN:

- TEAM SQUASH
INTERNAL LEAGUES
INTERNAL COMPETITIONS
COACHING COURSES
MARKING COURSES

Grid for interest selection

SUBSCRIPTION: ANNUAL SUBSCRIPTION DUE ON 1 JUNE EACH YEAR
SPECIAL RATES APPLY FOR NEW MEMBERS JOINING AFTER 1 JANUARY
SUBSCRIPTION: £35pa IF PAID BEFORE 31 JULY
£40pa IF PAID AFTER 31 JULY
£15pa IF UNDER 18yrs
£15pa FULL TIME STUDENTS

I AGREE TO ABIDE BY THE CONSTITUTION, RULES AND POLICIES OF THE CLUB.
I UNDERSTAND I PLAY SQUASH ENTIRELY AT MY OWN RISK.
I UNDERSTAND THAT SOUTHWELL SQUASH CLUB AND/OR ITS MEMBERS CANNOT BE HELD RESPONSIBLE FOR ANY:
INJURY INCURRED BY OR TO ME, and/or LOSS INCURRED BY ME AS A RESULT OF INJURY OR INCAPACITY, and/or
LOSS OR DAMAGE TO EQUIPMENT AND/OR PERSONAL PROPERTY, FINANCIAL, PHYSICAL, AND/OR ANY OTHER, AND HOWSOEVER CAUSED.
I UNDERSTAND THAT SOUTHWELL SQUASH CLUB MAINTAINS LIMITED INSURANCE, THE DETAILS OF WHICH I CAN VIEW ON APPLICATION TO THE CLUB TREASURER.
I ACKNOWLEDGE MY RESPONSIBILITY TO TAKE OUT ANY ADDITIONAL PERSONAL INSURANCE IF I SO WISH.
I AGREE TO FAMILIARISE MYSELF WITH THE ENGLAND SQUASH 'CODE OF SAFETY', INCLUDING THE SECTIONS RELATING TO EYE PROTECTION.
I UNDERSTAND THAT THE CLUB OPERATES A 'CHILD PROTECTION POLICY'.

SIGNED:
DATE:

SEND THIS FORM WITH YOUR CHEQUE (MADE PAYABLE TO "SOUTHWELL SQUASH CLUB") FOR £..... TO:
ALAN WAHLERS, TREASURER SOUTHWELL SQUASH CLUB
MAPLE TREE COTTAGE, SOUTHWELL RD., FARNSFIELD, NG22 8EB
TEL: 01623 882715

WELCOME TO THE CLUB; HAPPY SQUASH PLAYING!

www.southwellsquashclub.co.uk