



# Southwell Squash Club

Membership Secretary - Roger Adley  
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## MEMBERSHIP APPLICATION /RENEWAL FORM

2016/17

MR  MRS  MS  MISS

FIRST NAME

SURNAME

DATE OF BIRTH (JUNIORS UNDER 18 ONLY)

MEMBERSHIP TYPE (Annual..... 1<sup>st</sup> June - 31<sup>st</sup> May)

HONORARY NIL  SENIOR £55\*  STUDENT £25  COUNTRY £10  RACKETBALL^ £25   
JUNIOR (under 18yrs) £20  \*£50 if paid before 31.08.2016 ^ Racketball only

## CONTACT DETAILS

EMAIL:

TELEPHONE:

MOB  HOME  WORK

ADDRESS:   
  
 POSTCODE

## INTERESTS **please tick as applicable**

TEAM SQUASH  COACHING COURSES  MARKING COURSES  INT COMPS  INT LEAGUES

SOCIAL EVENTS  RACKETBALL

## DATA PROTECTION note - **tick each box below as applicable**

The information which you provide in this form will be used solely for the purpose of processing your application and dealing with you as a member of Southwell Squash Club and registering you if a playing member as a player member of England Squash & Racketball, the national governing body. The data will not be shared with any other third party for marketing or commercial purposes without first obtaining your consent.

I am happy for Southwell Squash Club to email me about its activities, events, offers, competitions and other promotional activities.

I am happy for England Squash & Racketball to email me about its activities, events, offers, competitions and other promotional activities.

I am happy for Nottinghamshire Squash & Racketball Association to email me about its activities, events, offers, competitions and other promotional activities.

I agree to abide by the Constitution, Rules and Policies of the Club. I understand that I play squash at my own risk and 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 any injury or incapacity, financial, physical and/or any other and howsoever caused. I understand that the Club maintains limited insurance, the elements of which are posted on the Club Noticeboard. I acknowledge my personal responsibility to take out 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.

SIGNED

DATE