



**MEMBERSHIP APPLICATION /RENEWAL FORM**

**2017/18**

Mr  Mrs  Miss  Ms

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_  
DATE OF BIRTH (JUNIORS UNDER 18 ONLY): \_\_\_\_\_

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

Honorary - £0  Senior - £55\*  Country - £10  Junior (under 18) - £20   
Raquetball\*\* - £25  \*£50 if paid before 31.08.2017 \*\*Raquetball only

**CONTACT DETAILS**

Email:			
Telephone: Mob:		Home:	Work:
Address:			
Postcode:			

**INTERESTS** please tick as applicable

Team Squash  Coaching courses  Marking Courses  Internal comps   
Internal leagues  Social Events  Racquetball

**DATA PROTECTION**

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, if necessary, registering you 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. However, from time to time, it is necessary for the club and related bodies to communicate with its members. I understand and accept that:

- Southwell Squash Club may email me about its activities, events, offers, competitions and other promotional activities.
- England Squash & Racketball and/or Nottinghamshire Squash & Racketball Association may email me about their activities, events, offers, competitions and other promotional activities.

**RULES AND POLICIES**

I agree to abide by the Constitution, Rules and Policies of the Club (available on the website and club notice board)

**SAFETY AND INSURANCE**

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.

## CONDUCT

I agree to treat everyone equally regardless of age, ability, gender, race, religion, ethnic origin, social status or sexual orientation and accept that everyone has the right to be protected from abuse; respect the rights, dignity and worth of every person within the context of the sport; know and abide by the rules of the game; accept the referees decision without question or complaint (let the captain or coach ask the necessary questions); avoid violence and rough play; help injured players and opponents where appropriate; keep to agreed timings for training and competitions or inform their coach or team manager if they are going to be late; wear suitable kit, including approved eyewear for junior players; pay any fees for training or events promptly; respect the sport

SIGNED: \_\_\_\_\_ DATE: | \_\_\_\_\_

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