

ABERDEEN LINX ICE SKATING CLUB

Affiliated to N.I.S.A.



MEMBERSHIP FORM 2019/20

I/We hereby make application for Membership: **SURNAME:** _____

CARD HOLDER ADDRESS		OFFICIAL USE ONLY
		Membership Number:
		Paid: YES / NO
POSTCODE		Amount Paid: £
TELEPHONE NUMBER		Paid Whom:
E-MAIL ADDRESS *		Date:

* to cut postage costs we endeavour to correspond by email, more than one email address can be provided.

SENIOR		Do You use the ice	SENIOR		Do You use the ice
1. Name		YES / NO	2. Name		YES / NO

JUNIOR (include Surname if different to above)		Do you use the ice	DATE OF BIRTH (under 18 years)	STATE RELATIONSHIP (to above Senior if family membership)
1. Name		YES / NO		
2. Name		YES / NO		
3. Name		YES / NO		
4. Name		YES / NO		

NOTE: To comply with the Club's Constitution, junior members date of birth must be entered.

TYPE OF MEMBERSHIP YOU ARE RENEWING Please Tick	JUNIOR/STUDENT/ CONCESSION (Per Person)		SENIOR (Per Person)		FAMILY (Maximum 2 Senior & 4 Junior Members)	
		£30.00		£40.00		£60.00

Q1.	Are any of the above applicants members of any other Ice Skating Club?	YES / NO
Q2.	If you answer Yes to Q1, please indicate other club(s)	
Q3.	If any person on this application form intends to enter for Ice Skating competitions, please indicate which club they will represent.	

Please turn the page and complete the other side.

PERSONAL RECORDS IN CASE OF ACCIDENT OR ILLNESS	
EMERGENCY CONTACTS	
FULL NAME(S)	
RELATIONSHIP (mother/father etc.)	
TELEPHONE NUMBER	
OTHER TELEPHONE NUMBER	
DOCTOR'S DETAILS	
DOCTOR'S NAME	
DOCTOR'S ADDRESS	
DOCTOR'S TELEPHONE NUMBER	
SPECIAL MEDICAL INFORMATION	

NOTES:

- 1 In accordance with the Club Constitution "No person shall become a Club Member until their application has been approved by the Committee".
- 2 Membership of the Club is confined to those of amateur status and it is assumed that this application does not contravene this rule.
- 3 The "Facility times" available to the Club require that from time to time applications (in any category) may be deferred and will be held on a waiting list. In such circumstances preferential consideration for membership will initially be given to applicants who are NOT already members of any other ice skating club.
- 4 Where possible, all photographs shown on website, www.linxicearena.co.uk, have the approval of the individual(s) concerned (and/or the parent/guardian of any child under the age of 16). Where this approval has not been possible, anyone subsequently objecting to a photograph being displayed on the website, should contact the webmaster and/or committee member of Aberdeen Linx Ice Skating Club for its removal as soon as possible. In the event of such a situation arising, the Committee of the Aberdeen Linx Ice Skating Club apologise unreservedly for any inconvenience or embarrassment caused.
- 5 The Aberdeen Linx Ice Skating Club provide volunteer helpers to instruct the children. Should you not wish your child to be part of the volunteer group it is your responsibility to ensure that your child is not included. The Aberdeen Linx Ice Skating Club do not accept any responsibility for accidents during the volunteer instruction session.

I agree, by signing this membership form, that my child may be photographed and videod during Aberdeen Linx Ice Skating Club events.

I acknowledge receipt of the Club Constitution and following approval of my application, agree to abide by the Terms and Conditions of the Constitution.

SIGNED: _____ **DATE:** _____
 (Application void if not signed and dated. For applicant(s) under 16 years of age, application must be completed by Parent or Guardian.)

WHEN COMPLETED, SEND WITH FEE PAYABLE TO: ABERDEEN LINX ICE SKATING CLUB
OR HAND IN AT ANY CLUB SESSION

Standing order details:
Bank: Santander
Sort code : 09-01-29
Account 04021652