



GLoucester SKI CLUB MEMBERSHIP

FAMILY & COUPLE MEMBERSHIP FORM

Family	<input type="checkbox"/>	£40.00 Couple	<input type="checkbox"/>	£33.00
Non Skiing Adult	<input type="checkbox"/>	£5.00 Introductory Trial	<input type="checkbox"/>	£5.00

Junior Membership is regulated by FIS Rule 62.42 (under 19 on 1st January or under 21 on 1st January if in **Full Time Education**). For the purposes of Child Welfare Policy however, 'a **Child** is a young person up to the age of 18

DETAILS OF MAIN APPLICANT

This name and address will be used in all correspondence unless stated otherwise

Title (Mr/Mrs/Ms/Miss) _____ **Surname** _____

First Name _____ **D.O.B** _____

Address _____

_____ **Post Code** _____

Tel No _____ **Mobile No** _____

Email Address _____

2nd Applicant

Title (Mr/Mrs/Ms/Miss) _____ **Surname** _____

First Name _____ **D.O.B** _____

3rd Applicant

Title (Mr/Mrs/Ms/Miss) _____ **Surname** _____

First Name _____ **D.O.B** _____

4th Applicant

Title (Mr/Mrs/Ms/Miss) _____ **Surname** _____

First Name _____ **D.O.B** _____

SNOWSPORT ENGLAND DETAILS (if registered)

1st Applicant
Name of 1st Club _____ **Name of 2nd Club** _____

Snowsport ENGLAND / WALES / SCOTLAND (delete as appropriate) **Registration No** _____

2nd Applicant
Name of 1st Club _____ **Name of 2nd Club** _____

Snowsport ENGLAND / WALES / SCOTLAND (delete as appropriate) **Registration No** _____

3rd Applicant
Name of 1st Club _____ **Name of 2nd Club** _____

Snowsport ENGLAND / WALES / SCOTLAND (delete as appropriate) **Registration No** _____

4th Applicant
Name of 1st Club _____ **Name of 2nd Club** _____

Snowsport ENGLAND / WALES / SCOTLAND (delete as appropriate) **Registration No** _____

EMERGENCY CONTACT DETAILS

First Name _____ **Surname** _____

Mobile No _____ **Tel No** _____

Relationship to Applicant _____

DETAILS OF ANY KNOWN MEDICAL CONDITIONS (if applicable)

1st Applicant	2nd Applicant
3rd Applicant	4th Applicant

We confirm that we have received and read a copy of the FIS Skiway Code and the GLOUCESTER SKI CLUB Code of Conduct and agree to abide by those guidelines

We agree to GLOUCESTER SKI CLUB holding our details on their Database until such time as our membership with the Club ceases

Signed by _____ **Dated** _____

(To be signed by Main Applicant or Parent / Legal Guardian if Applicant is under the age of 16 years)

**Club subscriptions are payable by the 1st December in order that Club Registration can be made with Snowsport England for purpose of Public Liability Insurance
Club Membership Year is from the 1st January to 31st December**

Please forward completed application form and payment to:

Mrs R Lambden
28 Youngs Orchard
Abbeymead
Gloucester
GL4 4RR

Cheques made payable to: Gloucester Ski Club

For Club Use Only

Date Fees Paid _____

Payment Method Cash / Cheque

Unique GSC Reg No

GSC

GSC

GSC

GSC

Applicant 1

Applicant 2

Applicant 3

Applicant 4

