

APPLICATION FORM

CATEGORY OF MEMBERSHIP

- | | | | | |
|-------------------------------------|---|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Off-Peak | <input type="checkbox"/> Junior U18 | <input type="checkbox"/> Hockey | <input type="checkbox"/> Social |
| <input type="checkbox"/> Partners | <input type="checkbox"/> Student | <input type="checkbox"/> Junior U14 | <input type="checkbox"/> Senior Peak | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Family | <input type="checkbox"/> University Student | <input type="checkbox"/> Junior U10 | <input type="checkbox"/> Senior Off-Peak | <input type="checkbox"/> Corporate |

PRIMARY MEMBER

Membership No: _____

Title: _____ Date of Birth: _____

Surname: _____ Occupation: _____

First Name(s): _____ Main Interest at ISC: _____ BTM/ESR

Home Address: _____ How did you hear about ISC: _____

Post Code: _____ Mobile Telephone: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

ADDITIONAL MEMBER

Membership No: _____

Title: _____ Date of Birth: _____

Surname: _____ Occupation: _____

First Name(s): _____ Main Interest at ISC: _____ BTM/ESR

Home Address: _____

Post Code: _____ Mobile Telephone: _____

Home Telephone: _____ Work Telephone: _____

Email: _____

1st CHILD (17 years & under)	Membership No:	2nd CHILD (17 years & under)	Membership No:
Title: _____	_____	Title: _____	_____
Surname: _____	_____	Surname: _____	_____
First Name(s): _____	_____	First Name(s): _____	_____
Date of Birth: _____	_____	Date of Birth: _____	_____
Main Interest at ISC: _____ <input type="checkbox"/> BTM/ESR	_____	Main Interest at ISC: _____ <input type="checkbox"/> BTM/ESR	_____

3rd CHILD (17 years & under)	Membership No:	4th CHILD (17 years & under)	Membership No:
Title: _____	_____	Title: _____	_____
Surname: _____	_____	Surname: _____	_____
First Name(s): _____	_____	First Name(s): _____	_____
Date of Birth: _____	_____	Date of Birth: _____	_____
Main Interest at ISC: _____ <input type="checkbox"/> BTM/ESR	_____	Main Interest at ISC: _____ <input type="checkbox"/> BTM/ESR	_____

PAYMENT

AMOUNT PAYABLE ON JOINING Cash Cheque (Cheques should be made payable to Ipswich Sports Club) Card Annual Monthly DD

Joining Fee = £ _____

Annual Fee or 1st Month Fee = £ _____

TOTAL = £ _____ Subsequent Monthly DD = £ _____

I/we agree to abide by the Member Guide & Rules and related Notices of the Club, and hereby apply for membership. I/we understand that a one month fee will become due in the event of cancellation for monthly memberships; separate terms & conditions apply for promotional offers.

Signature: _____ **Date:** _____

If you are applying for separate Junior membership and are under 18 years of age, signature of parent/guardian.

Signature of parent/guardian: _____ **Print Name:** _____

Contact Tel No: _____ **Date:** _____

Email of parent/guardian: _____

OFFICE USE ONLY

- Cancellation Policy Explained to Member
- Direct Debit Instruction Received
- Receipt Attached
- Data Entered on Records
- BTM/ESR

APPLICATION FORM

FOR ALL SPORTS PLAYING MEMBERSHIPS (1 Form per Member)

ETHNICITY OF CLUB MEMBERS

Please tick the box or state the numbers that best describes your ethnicity of your partner or family that are applying for membership. If you prefer not to disclose, please leave blank.

	Nos		Nos
White British		Asian/Asian British – Pakistani	
White Irish		Asian/Asian British – Bangladeshi	
White Other		Asian or Asian British – Other	
Mixed – White & Black Caribbean		Black/Black British – Caribbean	
Mixed – White & Black African		Black or Black British – African	
Mixed – White & Asian		Black or Black British – Other	
Mixed – Other		Chinese	
Asian/Asian British – Indian		Other Ethnic Group	

DISABILITY OF CLUB MEMBERS

	Tick		Tick
Deaf		Physical Disability	
Visually Impaired		Learning Disability	
Hearing Impaired		Multiple Disability	

PLEASE ADD ANY ADDITIONAL RELEVANT INFORMATION

DECLARATION

I consider myself/my partner, my son/daughter* to be physically fit and capable of full participation and agree to notify Ipswich Sports Club of any relevant changes to any medical information that may be provided. Furthermore, in the event of an injury/sudden illness, I give my permission for myself/my partner/my son/daughter* to receive immediate first aid from Club members, managers/coaches etc of Ipswich Sports Club or for Ipswich Sports Club to obtain emergency medical treatment. (*Delete as appropriate).

Signature: _____ **Date:** _____

Relationship: _____

DECLARATION ON BEHALF OF JUNIORS/UNDER 18's

It is a requirement of Ipswich Sports Club that parental/legal guardian consent is provided for participation, transportation and photography. Information regarding Safeguarding and Protecting Young People Policy is available from the Club. Please delete as appropriate where indicated by a * then sign and date at the bottom.

TRANSPORTATION: I consent to my son/daughter* travelling to venues for matches and training, in transport provided by the Club, which may include travelling in other players'/umpires etc private cars.

PHOTOGRAPHY: In some environments, particularly adult competition it is impossible to control photography by external parties. However, I am aware that there may be times that photographs and/or footage may be taken during matches and training sessions by approved agents and/or officers of Ipswich Sports Club. Such images shall only be used for publicity/training purposes in accordance with the Club Safeguarding and Protecting Young People Policy and Photography Policy. I give consent for my son/daughter* to feature in such photos/images. I only grant approved agents the right to use the images resulting from the photo/film shoots. This includes any reproductions or adaptations of the images for all general purposes, eg. local newspapers, local magazines, other promotional articles (including flyers) and the Club's website.

Signature: _____ **Date:** _____

Relationship: _____