|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode  |  | Mobile phone\* |  |
| E-mail\* |  | Alternative phone\* |  |

\*(if under 18 years this should be the parent’s/guardian’s e-mail and phone numbers)

**If you are registered** as a racer with Snowsport England please give details below

|  |  |
| --- | --- |
| Registered with |  England / Wales / Scotland (delete as appropriate) appropriateappropriate] |
| Registration no(s) |  |
| 1st Club: |  2nd Club: |
| Western Counties Ski Club’s Snowsport England Registration number is 1531F |

**Declaration**

* I have read, understood and agree to adhere to the Western Counties Ski Club (WCSC) Behaviour and Safeguarding Policies, which can be found on the club website www.westerncountiesskiclub.co.uk
* In the event that first aid may be required, I give permission for qualified WCSC First Aiders to administer first aid to me or my children as necessary.
* I agree to WCSC holding and using my personal information in accordance with the WCSC Privacy Policy as displayed on the above website.
* I agree to the WCSC photographic policy also displayed as above.
* I understand that WCSC reserves the right to refuse applications for membership.

|  |
| --- |
| Signed:IMPORTANT: if this application is for a minor this signature must be that of a Parent or Guardian who has the authority to sign on behalf of the applicant for membership. |
| Name of signatory: | Date: |

All club policies are available on the club’s website, hardcopies can be supplied if requested.

Continued overleaf…

**Ethnic origin** (WCSC is required to gather this data by Snowsport England for affiliation). Please tick box:

|  |  |  |  |
| --- | --- | --- | --- |
| Asian other |  | Indian |  |
| Bangladeshi |  | Mixed Race |  |
| Black Caribbean |  | Other ethnic minority |  |
| Black Other |  | White |  |
| Chinese |  |  |  |

**Further Information** (needed for category allocation for competitive events, eligibility for awards, for some external funding applications and to make adaptations where needed)

|  |  |  |  |
| --- | --- | --- | --- |
| Gender |  | Date of Birth |  |
| Disability |  |
| Adaptations needed\* |  |

**Emergency Contacts & Medical Information**

|  |  |
| --- | --- |
| Contact Name |  |
| Contact Phone |  |
| Known significant medical conditions\* |  |

\*Please provide details on a separate sheet if more space is needed and/or speak confidentially to the Head Coach (Tony Pearson) or Club Welfare Officer (Alison Longhurst) if you wish to make them aware of specific or complex needs and to discuss how WCSC can best support your/your child’s needs.

Please hand over this completed form at a WCSC Training Session OR return to:

Membership Secretary

|  |  |
| --- | --- |
| [For Club Use Only]  | Membership Number allocated: / |

Western Counties Ski Club

Odessa Farm

TEWKESBURY

Glos

GL20 7DF