

NOTTINGHAMSHIRE ICE RACING CLUB

MEMBERSHIP APPLICATION FORM (1st July 2018- 30th June 2019)

NAME(S) : _____

ADDRESS : _____

POST CODE: _____ DATE OF BIRTH: _____

TELEPHONE _____ MOBILE _____

E-MAIL: _____

Name of Parent or Guardian if applicant is under 16 (This person will be given free Associate Membership):

Please tick which category of membership required –

- | | | |
|----------------------|--------------------------|-----------------|
| FULL MEMBERSHIP | <input type="checkbox"/> | £20.00 |
| ASSOCIATE MEMBERSHIP | <input type="checkbox"/> | £10.00 |
| FAMILY MEMBERSHIP | <input type="checkbox"/> | £25.00 / £45.00 |

Are there any medical conditions that the club should be aware of:-

DECLARATION: I agree to abide by the Nottinghamshire Ice Racing Club Rules and Policies including the Code of Conduct. I agree that the NIRC may keep just necessary data records about me on protected file. For details see NIRC Privacy Policy on the NIRC website.

Signed: (by Parent if under 16) _____ Date _____

I have read all the NIRC Policies/Risk Assessments contained on the NIRC website (<http://www.nirc.info/safeguardingpolicies.html>) and I agree to abide by them.

Signed: (by Parent if under 16) _____ Date: _____

I do / do not consent to the taking of photographs / Video whilst taking part in Competitions and training sessions. This is provided the use of this material is for private use only, or for publication on a short track club website or restricted social media.

Signed: (by Parent if under 16) _____ Date: _____