NOTTINGHAMSHIRE ICE RACING CLUB

MEMBERSHIP APPLICATION FORM (1st July 2023 - 30th June 2024)

NAME (S) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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  £20.00

ASSOCIATE MEMBERSHIP  £10.00

FAMILY MEMBERSHIP  £25.00 / £45.00

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

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**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.**

Name: (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.

Name: (by Parent if under 16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

I do 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.

Name: (by Parent if under 16) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_