

# STRATFORD PARK SKATING CLUB MEMBERSHIP APPLICATION

## APPLICANT INFORMATION

Name:

Date of birth:

Home telephone:

Mobile:

Address:

City:

County:

Post Code:

E-mail address:

## EMERGENCY CONTACT

Name:

Address:

City:

County:

Post Code:

Relationship:

Home telephone:

Mobile:

## MEDICAL INFORMATION

Any medical conditions which we need to be aware of: YES / NO

If yes, please give details:

## ADDITIONAL INFORMATION

The information you provide on this form will be used solely for dealing with you as a member of Stratford Park Skating Club in accordance with the General Data Protection Regulation (GDPR). Your personal details may be held on computer. We will never sell or share your data without your prior consent.

Skaters are reminded that whilst the club will make every reasonable effort to ensure that you/your child's safety is paramount, you are reminded that you skate entirely at your own risk and that the club cannot be held responsible for any loss or injury, however caused, including loss or damage to your personal property.

Any child under the age of 10 years must be accompanied by a responsible adult at all times during club sessions.

I agree to any photographs/names of myself/my child/children (delete as applicable) being used for the purposes of publicity, which may include our website.

By signing this form, you are authorising Stratford Park Skating Club to hold and use your personal data in accordance with the clubs Data Protection & Privacy Policy.

## SIGNATURE

Signature of member/parent/guardian:

Date: