



# LINLITHGOW SPORTS CLUB

Boghall  
Linlithgow  
EH49 6AB

Tel: 01506 847480

## Membership Application Form: Season 2019-20

(This form is designed to be printed, completed by hand, then posted)

### SECTION 1 : INFORMATION - Membership Classes

Class Code	Class Description	Subscription Fee Total	Class Code	Class Description	Subscription Fee Total
BOW/S	Bowls Senior (18+ 1st April)	£168	M/BT	Multi Sport Bowls/Tennis Senior (18+ 1st April)	£264
BOW/SC	Bowls Senior Citizen (65+ 1st April)	£130	M/BT/SC	Multi Sport Bowls/Tennis Senior Citizen (65+ 1st April)	£218
SQU/S	Squash Senior (18+ 1st April)	£231	M/SB	Multi Sport Squash/Bowls Senior (18+ 1st April)	£312
SQU/SC	Squash Senior Citizen (65+ 1st April)	£189	M/SB/SC	Multi Sport Squash/Bowls Senior Citizen (65+ 1st April)	£242
SQU/OP	Off Peak Squash Senior (18+ 1st April)	£189	M/ST	Multi Sport Squash/Tennis Senior (18+ 1st April)	£320
SQU/OP/SC	Off Peak Squash Senior Citizen (65+ 1st April)	£161	M/ST/SC	Multi Sport Squash/Tennis Senior Citizen (65+ 1st April)	£259
TEN/S	Tennis Senior (18+ 1st April)	£187	STU	Student (full time student on 1st April) - All Sports	£88
TEN/SC	Tennis Senior Citizen (65+ 1st April)	£149	TEEN	Teen (age 13 to under 18 on 1st April) All Sports	£62
T/PARENT	Tennis Parent Membership (Can only play with their child Mini members)	£85	JUN	Junior (age 11 to under 13 on 1st April) All Sports	£52
ASSOC	Associate (Non Playing Senior Member)	£31	MINI	Mini (under 11 on 1st April) All Sports	£35

- Notes**
- Subscription Fee Totals include any sport affiliation/levy fees necessary.
  - For family groups of 3 or more memberships (2 of which must be senior classes), a 50% discount will be applied to one of the senior subscription fees (the lowest, if membership classes are different). The discount will be calculated on the subscription fee less affiliation/levy sum applicable to the membership class, because affiliation sums cannot be discounted.
  - If total cost of subscriptions exceed £100 members may spread the costs over 4 consecutive months Apr-Jul, paying a quarter of the total sum due each month.

### SECTION 2: MEMBERSHIP APPLICATION – SINGLE MEMBER (Family Groups go to Section 3)

<b>Full Name:</b>	<b>Date of Birth</b> (under 18 only)	<b>Tick Membership Class Required</b>	
<b>Address:</b>	<b>Postcode</b>	BOW/S <input type="checkbox"/>	STU <input type="checkbox"/>
	<b>Phone (Home)</b>	BOW/SC <input type="checkbox"/>	TEEN <input type="checkbox"/>
		BOW/S <input type="checkbox"/>	JUN <input type="checkbox"/>
	<b>Phone (Mobile)</b>	SQU/SC <input type="checkbox"/>	MINI <input type="checkbox"/>
SQU/OP <input type="checkbox"/>		For STU, TEEN, JUN or MINI	
		SQU/OP/SC <input type="checkbox"/>	indicate the sports to play
		TEN/S <input type="checkbox"/>	Bowls <input type="checkbox"/>
		TEN/SC <input type="checkbox"/>	Squash <input type="checkbox"/>
		T/PARENT <input type="checkbox"/>	Tennis <input type="checkbox"/>
		ASSOC <input type="checkbox"/>	All <input type="checkbox"/>
		M/BT <input type="checkbox"/>	
		M/BT/SC <input type="checkbox"/>	
		M/SB <input type="checkbox"/>	
		M/SB/SC <input type="checkbox"/>	
		M/ST <input type="checkbox"/>	
		M/ST/SC <input type="checkbox"/>	

**Email Address:** \_\_\_\_\_

If this application is for a TEEN/JUN/MINI membership, please provide details for nominated parent/guardian below

<b>Parent/Guardian Full Name:</b>	<b>Contact No:</b>
	<b>Email Address:</b>

If this application is for a STU membership, please provide details of University/College attended below

<b>University or College</b>	
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**Note:** Please ensure that you view and complete, if appropriate, the Emergency Contact Details – Parent/ Medical Consent Form at the end of this document for under 18s and submit it with your membership application.

### SECTION 3 : MEMBERSHIP APPLICATION – FAMILY GROUP

<b>Household Address:</b>	<b>Postcode</b>
	<b>Phone (Home)</b>

#### Member 1

<b>Full Name:</b>		<b>Date of Birth</b> (under 18 only)	
<b>Email Address:</b>		<b>Phone</b> (Mobile)	
BOW/S	SQU/S	TEN/S	M/BT
BOW/SC	SQU/SC	TEN/SC	M/SB
	SQU/OP	T/PARENT	M/ST
	SQU/OP/SC		
Tick above for membership class and indicate sports to play if STU/TEEN/JUN/MINI			
	Bowls	Squash	Tennis
			All

**If this application is for a STU membership, please provide details of University/College attended below**

<b>University or College</b>	
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#### Member 2

<b>Full Name:</b>		<b>Date of Birth</b> (under 18 only)	
<b>Email Address:</b>		<b>Phone</b> (Mobile)	
BOW/S	SQU/S	TEN/S	M/BT
BOW/SC	SQU/SC	TEN/SC	M/SB
	SQU/OP	T/PARENT	M/ST
	SQU/OP/SC		
Tick above for membership class and indicate sports to play if STU/TEEN/JUN/MINI			
	Bowls	Squash	Tennis
			All

**If this application is for a STU membership, please provide details of University/College attended below**

<b>University or College</b>	
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#### Member 3

<b>Full Name:</b>		<b>Date of Birth</b> (under 18 only)	
<b>Email Address:</b>		<b>Phone</b> (Mobile)	
BOW/S	SQU/S	TEN/S	M/BT
BOW/SC	SQU/SC	TEN/SC	M/SB
	SQU/OP	T/PARENT	M/ST
	SQU/OP/SC		
Tick above for membership class and indicate sports to play if STU/TEEN/JUN/MINI			
	Bowls	Squash	Tennis
			All

**If this application is for a STU membership, please provide details of University/College attended below**

<b>University or College</b>	
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Member 4														
Full Name:								Date of Birth (under 18 only)						
Email Address:								Phone (Mobile)						
BOW/S		SQU/S		TEN/S		M/BT		M/BT/SC		ASSOC	STU	TEEN	JUN	MINI
BOW/SC		SQU/SC		TEN/SC		M/SB		M/SB/SC						
		SQ/OP		T/PARENT		M/ST		M/ST/SC						
		SQU/OP/SC												
Tick above for membership class and indicate sports to play if STU/TEEN/JUN/MINI										Bowls	Squash	Tennis	All	
If this application is for a STU membership, please provide details of University/College attended below														
University or College														
Member 5														
Full Name:								Date of Birth (under 18 only)						
Email Address:								Phone (Mobile)						
BOW/S		SQU/S		TEN/S		M/BT		M/BT/SC		ASSOC	STU	TEEN	JUN	MINI
BOW/SC		SQU/SC		TEN/SC		M/SB		M/SB/SC						
		SQ/OP		T/PARENT		M/ST		M/ST/SC						
		SQU/OP/SC												
Tick above for membership class and indicate sports to play if STU/TEEN/JUN/MINI										Bowls	Squash	Tennis	All	
If this application is for a STU membership, please provide details of University/College attended below														
University or College														
Member 6														
Full Name:								Date of Birth (under 18 only)						
Email Address:								Phone (Mobile)						
BOW/S		SQU/S		TEN/S		M/BT		M/BT/SC		ASSOC	STU	TEEN	JUN	MINI
BOW/SC		SQU/SC		TEN/SC		M/SB		M/SB/SC						
		SQ/OP		T/PARENT		M/ST		M/ST/SC						
		SQU/OP/SC												
Tick above for membership class and indicate sports to play if STU/TEEN/JUN/MINI										Bowls	Squash	Tennis	All	
If this application is for a STU membership, please provide details of University/College attended below														
University or College														
<b>Note: Please ensure that you view and complete, if appropriate, the Emergency Contact Details – Parent/ Medical Consent Form at the end of this document for under 18s and submit it with your membership application.</b>														

## DECLARATION

I hereby apply for membership of Linlithgow Sports Club, either as a member and/or on behalf of family group and/or an under 18 member, and if accepted agree to abide by the rules of the club.

I understand that in compliance with the terms of current GDPR, returning this application form indicates acceptance that the information provided will be kept on computer system used by the club for the purpose of maintain membership and subscription details. I understand that all information will be used solely for administration of the club and will not be sold to any third party whatsoever.

I agree that if the club is required to share limited information about membership with affiliated sports institutions, this will also only be for administrative purposes.

Full details of how the sports club complies with GDPR can be read by viewing the Privacy Notice published on Linlithgow Sports Club website.

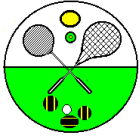
Signature:

Date:

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Please send your completed application to:

Membership Secretary  
Linlithgow Sports Club  
Boghall  
Linlithgow  
EH49 6AB



# LINLITHGOW SPORTS CLUB

Boghall  
Linlithgow  
EH49 6AB

Tel: 01506 847480

## EMERGENCY CONTACT DETAILS – PARENT/MEDICAL CONSENT FORM

The following information and consent is requested to assist us in ensuring the health and wellbeing of all children and vulnerable adults participating in sporting programmes/activities. This may include participation in an event/competition which necessitates travelling to another venue by private or public transport and may or may not include the possibility of staying away overnight. The information contained in this form is confidential and will only be used to safeguard and promote the child/vulnerable adult's health and wellbeing should the need arise.

<b>Name of Child or Vulnerable Adult</b>		<b>Date of Birth</b>	
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<b>Address:</b>	
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<b>Name of Contact Person 1</b>		<b>Address:</b>
<b>Daytime Telephone</b>		
<b>Mobile Telephone</b>		

<b>Name of Contact Person 2</b>		<b>Address:</b>
<b>Daytime Telephone</b>		
<b>Mobile Telephone</b>		

<b>Name of Medical Contact – General Practitioner</b>	<b>Telephone Number</b>	<b>Address:</b>

**Please provide details of any pre-existing medical conditions which may affect the child/vulnerable adult's participation in the activity/event/programme below.**

**Details of Existing Injuries** (include when injury occurred and treatment received):

**Details of Allergies** (including allergies to medication):

## DECLARATION

I hereby confirm that my child is in good health and that I consider him/her capable of taking part in the event/competition. I have completed medical details and consent that, in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while coaches and team personnel will take every precaution to ensure that accidents do not happen, they cannot necessarily be held responsible for any loss, damage or injury suffered.

I give permission for my child to be carried in other persons' vehicles and to be driven alone only if the situation becomes extreme and unavoidable. I also confirm that, whilst under the temporary care of a coach/coaches and/or team personnel, my child will behave and act in a respectable manner and will not cause any undue misbehaviour which may result in me being contacted.

I give permission for my child to be photographed as a winner or as part of a participating group of players. If you do not wish your child to be photographed please tick this box

**Named Parent/Carer/Legal Guardian** (please print)

**Name of Child/Vulnerable Adult** (please print)

I, as named Parent/Carer/Legal Guardian identified above, consent to the above Club conditions and that the named Child/Vulnerable Adult identified above, can receive medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform the Sports Club should any of the information contained in this form change.

**Signature of Named Parent/Carer/Legal Guardian:**

**Date:**

**Relationship to Child/Vulnerable Adult:**

**On completion, please return form to the club for the attention of the CPO.**