



**MEMBERSHIP APPLICATION FORM**

**A passport size photograph should be included for each member – please write the person’s name on the reverse.**

**Membership type : Adult £15  Junior £10  Family £35  Non-skiing £3**

Name 1 \_\_\_\_\_ Age (junior) \_\_\_\_\_

Name 2 \_\_\_\_\_ Age (junior) \_\_\_\_\_

Name 3 \_\_\_\_\_ Age (junior) \_\_\_\_\_

Name 4 \_\_\_\_\_ Age (junior) \_\_\_\_\_

Name 5 \_\_\_\_\_ Age (junior) \_\_\_\_\_

Name 6 \_\_\_\_\_ Age (junior) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Email address \_\_\_\_\_ Tel No \_\_\_\_\_  
Mobile \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Junior Consent** – (please complete for Junior & Family memberships)  
In accordance with the club’s Child and Vulnerable Adult Policy please complete the following:

Parent/Guardian name \_\_\_\_\_

Emergency contact tel. \_\_\_\_\_

I consent to my child receiving instruction from club coaches.

I consent to my child being videoed for training purposes.

I consent to my child’s photograph being taken for the local newspaper and website.

I undertake to have an adult with my child when attending the dry ski slope outwith organised lessons.

My child has a medical condition which may require medication      yes/no  
(if yes please detail below)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Please send to Mrs Linda Morrison, 92 Grove Road, Broughty Ferry, Dundee DD5 1LB**

**Cheques should be made payable to ‘Arbroath Ski Club’**