Grantham Squash & Fitness

granthamsquash.co.uk

APPLICATION FOR MEMBERSHIP

Surname _____

Forename(s) _____

Title (Mr, Mrs, Ms, Miss) _____

Date of Birth _____

Address _____

_____

_____ Postcode _____

Telephone (Home) _____

Telephone (Work) _____

Telephone (Mobile) _____

Email **(please print clearly)**

(To be completed only if you wish to receive information via this method)

Next of kin to be notified in case of emergency:

Name _____

Address _____

_____

Telephone _____

Relationship _____

Type of Membership Required:

(See over for details)

Please tick box

- Full Facility Membership ☐
- Junior Membership ☐
- Student Membership ☐
- Senior Membership ☐
- Social Membership ☐
- Life Membership ☐

Which facility is your main reason for joining GSRC:

Please tick box ☑ *Squash/Racketball* ☐ *Gym* ☐ *Both* ☐

Methods of Payment:

Payment can be made by either cheque or credit card and monthly payments can be made by standing order.

GDPR

In signing this form you give the club permission to retain and use this information for the function of Club processes.

Neither the club nor any other organisation (England Squash, Clubnet), needed for the operation of our business, shares any of your information with third parties.

I hereby apply for membership of the Grantham Squash & Fitness Centre and agree to abide by Grantham Squash Rackets Club rules, bye-laws and constitution (see overleaf).

DISCLAIMER:

All members should consult their doctor before joining the Club and commencement of any physical training in either the gymnasium, squash or racketball. In signing this form I acknowledge that squash and fitness equipment can be dangerous and that I use any and all of the club's equipment at my own risk. I also agree not to undertake any games or fitness training until I have received full and adequate instruction to do so safely.

Proposed Member's Signature

_____

Date _____