



Sale Sports Club

Application for Membership



Please complete and return to the Section Membership Secretary. If under the age of 18yrs, this form is to be completed by a Parent /Guardian and include section 2 on a separate sheet.

The information included on this form is only required for the club membership records and will not be made available for any other party to use as a mailing list. **Please include the name of a nominated partner that, as a paying sports member, you would like to invite as a free social member. Please note these members will not have any voting rights at Club meetings. Please indicate next to their name 'free social member'. This is limited to one partner for senior members.**

Please use BLOCK CAPITALS

Name 1		Male/Female	
Name 2		Male/Female	
Name 3		Male/Female	DoB (if junior)
Name 4		Male/Female	DoB (if junior)
Address			
			Postcode
Email			
Mobile		Home Tel	

Membership Type:

Sport (please circle #)	Tennis _____ (enter code)	Social	
	Cricket	Hockey	Rugby
Category (please circle)	Senior Single sport	Senior multi-sport #	Senior Over 40's only (cricket only)
	Student/unemployed single sport *	Student/unemployed multi-sport* #	
	New Senior member	Social member	Junior
	# For Multi-sport membership circle all sports that you wish to play		* Proof of eligibility required

For statistical purposes we need to record information on disability & ethnic origin. The club would be grateful if you could complete the next section

Ethnic Origin – Please circle (optional)				
White	Black Caribbean	Black African	Black other	Indian
Pakistani	Bangladeshi	Chinese	Other Asian	
Other (please state) _____				

Disability (optional)				
Do you have a disability		Yes / No		
If so please state:				
Visual Impairment	Hearing Impairment	Physical Disability	Learning Disability	
Multiple Disability	Other (please state) _____			

Medical Information: Please detail any important medical information that officers must be aware of (e.g epilepsy, asthma, diabetes etc)

Do you require any additional needs which Sale Sports Club could provide to aid your participation in club activities?
 No / Yes (Please state)

Emergency contact – 1 Name Relationship Contact Tel. Number Contact Mobile Number	Emergency contact -2 Name Relationship Contact Tel. Number Contact Mobile Number
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Would you be prepared to help out with any of the following, if yes please tick the appropriate box.

Umpiring Junior Transport Coaching First Aid Fundraising Team Manager
Child protection Other (please specify) _____
Do you hold any qualifications in any of the above? Yes No
(if Yes, please state) _____

Skills Database (optional)
Is there a skill that you can offer the club/section in terms of a skill? e.g. web design, painting, electrician etc?

Sale Sports Club Code of Conduct

The facilities provided by Sale Sports Club are there for the use and enjoyment of club members and guests. As part of its ethos, Sale Sports Club welcomes all members and guests irrespective of race, creed, sexual orientation and religion.

The behaviour of club members and their guests shall be such, that the use and enjoyment of the facilities by other club members, their guests and employees shall not be impeded.

The following is an indicative, but by no means complete, list of actions or behaviours that are deemed unacceptable by the club Council.

1. Violence – Physical and / or verbal
2. Abuse – Physical and / or verbal
3. Intimidation – Physical and / or verbal
4. Harassment – Physical and / or verbal
5. Foul and abusive language
6. The handling of illegal substances on the premises (the premises include the club house, playing field, tennis courts, car park and pavilion).
7. Malicious damage to the Club property. (the cost of repairing or replacing damaged property will be charged to the person who caused the damage).
8. Any other action or behaviour that gives an employee of the club or another Club member or their guest a legitimate reason for complaint.

Any incident falling within any of the above categories that cannot be satisfactorily dealt with by a council member at the time will be dealt with by a special disciplinary meeting of the Club Council.

By returning this completed form and ticking the boxes;

I confirm that I have read and agree to comply with the code of conduct for Sale Sports Club.
 I confirm that I understand the Section Child Welfare Policy and have completed a CRB check or self declaration form in the last 3 years
 I confirm that when transporting players to and from matches that my car will be fully taxed, insured and have a valid MOT.
 I agree that these details may be held on computer in the understanding that these details will not be passed on to any third parties.

I enclose my subscription as a cheque / cash for £..... (cheques made payable to Sale Sports Club)

Signed _____ Print name _____
Date _____



Section 2

Junior Membership Form

(To be completed by Parent / Guardian)

This application form is being used to ensure that all relevant areas of Clubmark welfare policies are being addressed - after completion please return pages 1&2 to the Junior Organiser and retain pages 3&4 for your own information. The Club Welfare Officers details are on the back page for your retention.

Please use BLOCK CAPITALS and note that as parents you are invited to be free social members of the Club. This membership, however does not afford you any voting rights at Club meetings. Please include the names of both parents for membership purposes.

Childs Name			
Parent/Guardian			
Address			
			Post Code
E-mail			
Home Tel		Mobile Tel	
Date of birth		School Year	
School			Male / Female
2nd Contact for Emergencies			
Name		Relationship	
Telephone		Mobile	

Medical Information
Please state any allergies your child has:
Please state any medical conditions:
Please state any regular medication taken:
Will they have this medication with them: Yes / No
Please state any dietary requirements:
Further Information

For statistical purposes we need to record information on disability & ethnic origin. The club would be grateful if you could complete the next section:

Ethnic Origin - Please tick (Optional)						
White <input type="checkbox"/>	Black <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Black African <input type="checkbox"/>	Black other <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Chinese	Other Asian	Other (please state)			
Disability (Optional)						
The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. For statistical purposes we need to record information on disability & ethnic origin. The club would be grateful if you could complete the next section:						
Does your child have a disability?		Yes / No If yes, please state:				
Visual Impairment <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Physical Disability <input type="checkbox"/>	Learning Disability <input type="checkbox"/>	Multiple Disability <input type="checkbox"/>	Other <input type="checkbox"/> (please state)	

Are You Willing to Help with:			
Coaching: Yes / No	Transport: Yes / No	Scoring: Yes / No	Refreshments: Yes / No
Umpiring: Yes / No	Other (Comment):		
Parent/Guardian Occupation (optional):			

By returning this completed form and ticking the boxes

	I agree to my son/daughter/child in my care, taking part in the activities of the club.
	I confirm that my child will comply with the Junior Rules.
	I confirm that I understand the spirit of the Parents/Spectators code of conduct.
	I give consent to the use of photography in the coaching of sport (more details are available from the Child Welfare Officer) in respect of my child.
	I understand that I will be kept informed of activities at the club – for example timing and transport details for away matches when my child is involved.
	I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.
	I confirm to the best of my knowledge that my child does not suffer from any medical conditions other than those detailed above.
	I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
	I am aware that should my child play for a senior team he/she may have to share changing and showering facilities (See attached guidelines).
	I confirm that when transporting players to and from matches that my car will be fully taxed, insured and have a valid MOT.
	I understand that when attending matches the safety of myself and any non-playing siblings is my responsibility.
	I agree that these details may be held on computer in the understanding that these details will not be passed onto any 3rd parties.
I enclose my subscription as a cheque/cash for £.....	
Name of Parent/Guardian	
Signature of Parent Guardian	
Date	