

Deeside Ice Skating Club

Membership 2011-2012

Name:- WISA No:-

Address:-
 Can you speak Welsh:-

Postcode:- Home Telephone:- Mobile:-

Email:- Date of Birth:-

Alternative Emergency Contact:- Telephone:-

Please give details of any medical conditions we should be aware of:-

Members details are normally placed on a secure DISC database. Please indicate if you object to this YES/NO

Type of Membership required:- <p style="text-align: center;">Child / Adult / Associate / Honorary (Please delete as appropriate) ('Child' means under 14 years of age) ** Please note it is a condition of membership that skaters must have attained Grade level 10 **</p>	<p>Who is your Coach?</p> <p>Are you a member of NISA? YES/NO</p> <p>If 'Yes' what is your NISA membership no?</p> <p>Are you a member of any other club? YES/NO</p> <p>If 'Yes' which club?</p>
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Skating Levels attained:- (please enter the highest level achieved for each applicable discipline)

Free Skating Grade: Field Moves: Free: Elements: Precision:	Ice Dance Dance Moves: Dance Compulsories: Original Dance: Free Dance: Pairs: Precision:
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Skaters Declaration:-

I agree to abide by the Deeside Ice Skating Club Rules, Constitution and Code of Conduct.
 I agree to abide by the rules of Deeside Leisure Centre.
 I would / would not* be prepared to represent DISC in team competitions.
 I do / do not* give my permission for my contact details to be given to the Media/NISA/WISA*.
 I do / do not* give my permission for my photograph to be used in publicity material, including DISC's website
 * (Please delete as appropriate).

Signed (Applicant): Date:

Parents Declaration:- (if the applicant is under 14years of age)

I,, (Parent/Guardian), accept full responsibility for (name of child) during all DISC activities on and off ice. I undertake to be present at all club activities in which my child is involved. In the event that I am unable to do so, I will advise a committee member as to who is responsible for my child. I agree to abide by the DISC Rules, Constitution and Code of Conduct. I further agree to abide by the rules of Deeside Leisure Centre.

** Please note a non-skater's fee is payable by a parent/guardian **

Signed (Parent/Guardian): Date:

Method of Subscription Payment:- Annual / Half Yearly / Monthly* * (Please delete as appropriate).	Payment Received:- Amount: £ Non Skater: £ Receipt Number: Cash / Cheque
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