



Slough Synchro Club Membership Agreement

Skaters Name:
Contact Email Address:
Full Address:
Postcode:
Date of Birth:

Emergency Contact Details:	
Name:	Relationship:
Phone Number:	

Medical Information: Please specify any medical conditions that your team manager/coach should be aware of (eg allergies, epilepsy etc)
Current Field Moves Level:

Joining Fee: £100.00 payable on joining (*this includes your uniform: club t-shirt, fleece jacket, black leggings and one pair of nude competition tights*)

Fees: Annual Amount: £960.00

- (please tick)
- Paid Quarterly @ £240.00 1st or 15th of March, June, Sept, Dec
 - Paid Monthly @ £80.00 1st or 15th of the month

Please note - All fees must be paid by Bank Transfer or Standing Order.

No cash or cheques will be accepted

I, the payer, agree to pay the annual amount to Slough Synchro Club either in one full payment, 4 quarterly payments or 12 monthly instalments starting from 1st March 2017.

I understand that late payment will incur an administration fee of £5.00 on top of the payment due. If the payment is more than 30 days late, I may be requested to pay the remaining annual amount in full.

- I/my child have read all the policies on the Slough Synchronised Ice Skating team website <http://www.sloughsynchro.btck.co.uk> and agree to abide by all the rules and regulations. I understand that a serious or continued breach of any of these policies could result in me/my child being suspended temporarily or permanently. All fees would still be due in these circumstances. Policies may be updated from time to time and changes will be notified to you via the Facebook page.*
- I understand that that if I/my child decide to leave the team before the end of the season, that all fees are still payable unless you are moving more than 50 miles away.*
- I/my child understands that they will be placed in the team which the coach feels is most appropriate for them and the overall composition of the team & club as a whole. On occasion a skater may be asked to skate in two teams – this is at the discretion of the coach. Fees will remain the same regardless of the number of teams a skater is placed in.*
- I/my child will update the team manager of any changes to personal information including the passing of Field Moves tests. I will notify the team manager/coach **before** applying to take FM2 as this could have an impact on the team category at competition.*
- I give my permission for the use of photographic and video recording to be used for training. I agree that any copyright remains with the club. I am aware that recordings may be placed on Facebook and YouTube to aid members with routines and standards. I also give permission for photography and video recording to be used at competitions by an external company.*
- Being the parent/guardian of the above named child I hereby give permission for the Team Manager or their representative to give any immediately necessary authority on my behalf for any medical or surgical treatment including anaesthesia recommended by a competent medical person where it would deemed detrimental to my child's interest and wellbeing, in the doctors opinion, for any delay to be incurred by seeking my parental consent.*

I agree to the terms of membership detailed above	Signature of payee: (Slough Synchro Committee Member)
Signature of payer:	
Signature of Skater if different:	
Date of Signature:	Date of Signature:

Slough Synchro Bank Account Details
ACCOUNT NUMBER: 15173548
SORT CODE: 23-05-80
ACCOUNT NAME: SLOUGH SYNCHO CLUB
REFERENCE: Skater initial and surname