



APPLICATION FOR NEW SSCD MEMBERSHIP

Club year: 1st September to 31st August

Return all forms with Payment to:

Subscription Rates: **Please tick which membership you are applying for**

SSCD Club Secretary

Individual Membership £30.00 (all specialist guides over 18 must take out fill individual membership)

Mrs Patricia Holt

* Family Membership £40.00 (includes all skiers living at same address)

22 Warley Avenue, Hayes

Affiliated Clubs & Schools where ages are up to 18 years - £60.00

Middlesex, UB4 0QZ

Affiliated Organisations where ages are over 18 years -£80.00

I / We hereby apply for Individual / Family / Affiliate Membership and enclose £.....

DETAILS OF APPLICANT (main)			
Title:	First Name: (Contact name if applicant under 18)	Surname:	Date of Birth: *Required
Address:			Ethnic Group: *Required
Contact Details: (Including STD Code for telephone no.)	Home:	Work / Mobile/ Other:	Email: *Required
If you have a First Aid Qualification, please state when it will expire:			Do you object to assisting with any First Aid if required to do so? YES / NO
Please tell us of any SKIING EXPERIENCE (See Note 1)			Beginner / Intermediate / High Intermediate / Advanced / Instructor (Please circle experience)
STATE ANY DISABILITY YOU MAY HAVE. (see note 2)			
Please circle Membership participation	SKIER WITH DISABILITY / GUIDE / HELPER /NON HELPER/ FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		

Declaration: (please tick the appropriate boxes)

I/ We hereby agree to adhere to the principles and policies adopted by SSCD.

I / We agree to SSCD using photographs / images for promotional purposes.
(By ticking this box you have declared that you have read and signed the SSCD Photographs Consent Form)

I / We object to SSCD holding my membership details on computer unless used for administrative purposes only and for Snowsport England administration purposes.

I / We hereby declare that I have a valid³ DBS Certificate and I am not subjected to any criminal offences. My CRB certificate number is:

(By ticking this box, you declaring that you have been through an enhanced DBS check with SSE).

Please tick here if you would like information about training to become a SSCD Guide.

Date: _____ Signature: _____ Print Name: _____

- NOTES * **Family & Affiliated Membership applications, please complete additional Details Overleaf**
- 1 Please give brief details of skiing experience.
 - 2 Please do not use any abbreviations in this section and give a brief description of disability, including level of severity and stating if any mobility and/or walking aids are used.
 - 3 Valid DBS Certificates must NOT BE more than three years old and through Snowsport England.

Family Person One: ** family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

Family Person Two: **family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
MEMBERSHIP PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

Family Person Three: ** family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
MEMBERSHIP PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

Family Person Four: * family members aged 18 and above, or have guide status must have individual membership unless disabled skier			
Name:	Date of Birth (required):	Occupation:	Skiing Experience¹: BEGINNER / .INTERMEDIATE / H. INTERMEDIATE / ADVANCED / INSTRUCTOR / OTHER
MEMBERSHIP PARTICIPATION: SKIER WITH DISABILITY / GUIDE / HELPER / FINANCIAL SUPPORTER / SPECIALIST GUIDE / OTHER		Disability² (if any)	Ethnic Group: * required

AFFILIATED MEMBER DETAILS: (to be completed by affiliate organisations only).			
NAME OF CLUB / SCHOOL / ORGANISATION: _____ C ONTACT NAME: _____ Tel : _____			
PLEASE INDICATE APPROXIMATELY HOW MANY PEOPLE WILL BE ACTIVE WITHIN THIS MEMBERSHIP: _____			
PLEASE TICK SKIERS AGE RANGE: [] 18 AND UNDER [] 18 AND OVER Ethnicity of group: [] white [] Black or other [] Asian or Other			