

Adult Membership Form

Title: **First Name:** **Surname:**

Address:

Postcode:

Contact Number: **DOB:**

Email:

Emergency Contact **Name:** **No:**

How did you hear about us?

MEMBERSHIP TYPE - Please Tick

(family and parent/child memberships - please fill out 1 form per member)

- ☐ Racquets Full Adult Single
- ☐ Racquets Family
- ☐ Young Adult Racquets
- ☐ Student (18+ in full time education)
- ☐ Wheelchair
- ☐ Social

RECEPTION USE

| Received by | Date | Card Amount | DD Amount | eBooking Entry | Welcome Email | Key Fob |
|-------------|------|-------------|-----------|----------------|---------------|---------|
| | | | | | | |

CONSENT

Your personal data will be processed by the Club in accordance with current data protection legislation, for the purposes of the Club and membership administration and also to update you about facilitate your participation in Club activities.

Your privacy is important to us and we will always keep your details secure and never use them for marketing purposes that you have not agreed to receive. Further details are available in our privacy policy which can be found at <https://thewealdclub.com/privacy-policy>.

To comply with the relevant legislation, we need your permission to undertake certain activities.
Please read through the following statements and indicate whether or not you give your consent:

1. Consent to receive Weald email:

we would like to send you regular newsletters and information regarding club activities, including special promotions for members, notification of events and occasional surveys by email.

Please indicate if you wish to receive such emails YES ☐ NO ☐

2. Consent for inclusion in the Club directory:

Your contact information may be listed on notice boards (for box leagues/tournaments) and will be listed on the Club's court booking system which only other members and staff can access. 8U & 11U will not be included.

Please indicate if you give permission to be included YES ☐ NO ☐

3. Consent for use of images:

We occasionally use photographic images of Club activities, including participants for promotional and reporting purposes.

Please indicate if you give permission for the of images YES ☐ NO ☐

4. Consent to process medical information and share in an emergency:

If you have provided medical information, then we need your permission to process this and to be able to share it in event of a medical emergency.

Please indicate you consent to us sharing this data in an emergency YES ☐ NO ☐

By signing this form:

- I agree to abide by the Club rules which can be found here:
<https://thewealdclub.com/club-rules/>
- I have read, understood and agree to the Club's privacy policy:
<https://thewealdclub.com/privacy-policy/>

Signed

Date