**Text

Description automatically generated with medium confidenceSAXONS POLOCROSSE CLUB MEMBERSHIP FORM 2022**

**Types of Memberships**

**Senior Player £50**

**Junior Player (Under 18 on 01/01/22 or in full time education) £25**

**Family Membership**

**(2 Adults & any number of under 18s or in full time education) £100**

**Social Membership £20**

**Multiple Children Membership: For those not taking a family membership but with more than two children, the first two pay as above and any subsequent children are free thereafter.**

**Payments Due:**

**Membership prices are for an annual membership and will expire on 31st December 2022. All memberships must be paid before you can train or play at practices and tournaments. For those joining after the 31 August, a 50% reduction is available on playing memberships. Tournament Fees will be separate to this membership and will be on a pay before you play basis. If money is outstanding unfortunately you will not be selected to play at that tournament. All tournament entries to be paid by bank transfer rather than cash please.**

**CONDITIONS OF MEMBERSHIP:**

**It is expected that all playing members make an effort to be an active part of the club, help out and attend as many practices as possible during the 2022 season .**

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| --- | --- | --- | --- |
| **NAMES** | **Date of Birth**  **If under 18** | **Player Type** | **Subs** |
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**Members Address………………………………………………………………………………………………………………**

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**………………………………………………………………………..POSTCODE………………………………………………..**

**TELEPHONE……………………………………………………..MOBILE……………………………………………………..**

**EMAIL…………………………………………………………………………………………………………………………………**

**MEDICAL DETAILS:**

**Name of Doctor……………………………………………… TELEPHONE……………………………………………….**

**Any medical conditions or allergies which might be exacerbated by playing polocrosse, eg. Asthma?**

**……………………………………………………………………………………………………………………………………………**

**Please could you also provide contact details of your NEXT OF KIN:**

**NAME………………………………………………………………………………………………………………………………**

**TELEPHONE…………………………………………………MOBILE………………………………………………………….**

**PAYMENTS:**

**\*PAYPAL TO:** [**area8saxonspolocrosse@gmail.com**](mailto:area8saxonspolocrosse@gmail.com)

**\*Bank Transfer to:**

**PC Area 8 Polocrosse**

**204545**

**20319570**

**Please indicate how you have made payment:**

**Your permission to provide and retain information relating to your interest in Saxons Polocrosse Club.**

**Please sign below to provide permission. We will not pass your information to third parties or send materials not related to your enquiry, and will remove your name from our database if requested to do so.**

**Name: Date:**

**Signature:**

**Parent/Guardian if under 18:**

**Please return forms to: area8saxonspolocrosse@gmail.com**

**We look forward to welcoming you to The Saxons!**