

To apply for a membership card, please complete  
**both sides of this form in capital letters and in ink** and return to: SCLC Membership, Stocksbridge Community Leisure Centre, Moorland Drive, Stocksbridge, Sheffield,

S36 1EG

**This section of the form is mandatory**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Your name: | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Date of birth: | | | | | d | d | m | m | y | y |
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| Home address: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Home phone: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | Mobile phone: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Email address: | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Please indicate desired membership: | |  |
|  |  | **Teen**  **(13 - 16 years of age)** |

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| --- | --- | --- |
| **Your Teen Membership** | **12 Month Membership**  Full payment in advance includes 1 month free | **£ 220.00** ⬜  in advance or |
| **£20.00** ⬜  monthly Card Payment |
|  |  |

**Cheques should be made payable to 4SLC Trust**

An induction to the Gym must be undertaken by all users before first use of the Gym.

Please speak to Reception Staff to arrange an appointment for your induction, unless undertaking your Induction at a Teen Gym Session.

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| --- | --- | --- |
| **Entry Ages & Supervision** | * **Fitness Gym** | - children under 13 years are not allowed in the gym, 13 – 16’s must be supervised by a |
|  | parent/guardian, or attend the Teen Gym Sessions. |

I agree to the membership Terms & Conditions.

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Signature:** |  | **Date:** |  |

Parent or Guardian must countersign here:

|  |  |  |  |
| --- | --- | --- | --- |
| **Print Name:** |  | **Date:** |  |
| **Signature:** |  | **Date:** |  |

**Photo Consent**

Please tick those you are **NOT** happy for your child’s photograph or film to be used in:

|  |  |
| --- | --- |
| **External Media** – Such as newspapers, TV, magazines and DVD films (where you have taken part in filming). |  |
| **SCLC’s Websites/Social Media** – SCLC’s own website or related websites and social media pages. |  |
| **SCLC Promotional Films and Publications** – Such as leaflets, posters newsletters, and exhibition display materials and reports. |  |

If we use a photograph or film you can choose to have your child’s real name published with it or you can remain

anonymous or we can use an alternative name.

Please tick one that applies:

|  |  |
| --- | --- |
| **Real Name:** |  |
| **Anonymous:** |  |
| **Alternative Name:**  **(Please specify)** |  |

I am happy to give permission for my child to be photographed/filmed in ALL future activities at/by Stocksbridge

Community Leisure Centre and for their photograph/film to be used by Stocksbridge Community Leisure Centre in

the content stated above.

|  |  |  |  |
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| **Signature of Parent/Guardian:** |  | **Date:** |  |

**Data Protection**

All information supplied is stored in accordance with the General Data Protection Act and will only be used for the purpose of managing your membership, as well as supplying you with information that we feel will be of benefit to you. **We will not pass your details onto any third party**, but we may make you aware of offers from our corporate sponsors from time to time. Please tick here if you are happy for us to contact you with information or offers, not directly related to the membership applied for on this form ⃝

For further details of our Privacy Policy, please refer to our web site – [www.stocksbridgeclc.co.uk](http://www.stocksbridgeclc.co.uk)

4SLC for Stocksbridge Community Leisure Centre Trust is a Company Limited by Guarantee, number 08413664, and

a Registered Charity, number 1153527

www.stocksbridgeclc.co.uk 0114 2883792  stocksbridgeclc admin@stocksbridgeclc.co.uk

**For Office Use:**

**Date form Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff/Volunteer Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment in advance or the first monthly instalment the 12 month membership must be submitted with this form**

**Payment Received: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash ⃝ Cheque ⃝ Credit/Debit Card ⃝**

**Date of Gym Induction: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff/Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Membership Expiry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**