

# LSSC NEW MEMBERSHIP APPLICATION 2021/22

**SAILING MEMBERSHIP\***

	<u>FEEES</u>	<u>Discounted</u> <u>1<sup>st</sup> Year</u> <u>OFFER</u>	<u>Amount</u> <u>Payable</u>
Family membership. ....	£112.00	£84.00	£.....
Single membership.....	£92.00	£69.00	£.....
Cadet (age 14-17) or Student membership .....	£30.00	£15.00	£.....

**NON SAILING MEMBERSHIP**

Non-Sailing family member.....	£60.00	£30.00	£.....
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**BOAT HIRE**

Club Boat Hire .....	£130.00	£98.00	£.....
(runs concurrently with the membership year)			

**Own Boat(s) Fees (cost to keep your boat in our compound)**

Class .....	Sail No. ....	£84.00	£ .....
Class .....	Sail No. ....	£84.00	£ .....

**TOTAL REMITTANCE**

£  
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Make cheques payable to: "LSSC" OR online using Sort code 40-27-06 Account No 52514028 AND include your name as the Reference.

**Please select your duty preference.- Please note – it is a condition of membership that all members are expected to carry out duties**

Duty Preference	
Duty Off	Galley

Your Name - main member.....

Spouse/partner(where applicable).....

Your Address.....

.....

..... **POST CODE** .....

Tel No ..... Mobile.....

EMAIL ..... Date.....

*\*Our membership year runs from 1 April 2021 to 31 March 2022*

Please complete the reverse

**THIS DECLARATION MUST BE SIGNED BY ALL MEMBERS (EXCEPT CHILDREN UNDER 14)**

I/We the undersigned:

Declare that I/we have read and fully understood the information leaflets “Weil’s Disease” and “Blue/Green Algae – The Facts”, and that in the event of any loss, damage, personal injury or death arising from contact with the water, I understand that Leamington Spa Sailing Club will not be liable for costs or damages because I have voluntarily accepted the risks associated with water contaminated by Weil’s disease or Blue-Green Algae,  
(Information leaflets are on display within the Clubhouse and available on request)

AND

I will ensure that my boat(s) are insured against third party risks (minimum £3,000,000) at all times when on Club premises,

AND

I will, before commencing sailing or other duties, inform the Duty Committee of **any medical condition** I have that could occur during my activities at the Club,

AND

I am aware of the Club’s Health & Safety Policy objectives. I understand that I have a duty to take care of the health & safety of myself and others affected by my actions when on Club premises,  
(A copy of the full Health & Safety Policy Statement is available on request)

AND

I agree to abide with the Byelaws of Leamington Spa Sailing Club.  
(A copy of the Byelaws is available for inspection in the Clubhouse).

AND

I have read the LSSC Data Protection and Privacy Statement (copy available on LSSC website) and agree for my data to be used for the purposes stated in the Statement.

**MEMBERS SIGNATURES (all members need to sign and date the form)**

NAME ..... SIGNATURE ..... DATE .....

NAME ..... SIGNATURE ..... DATE .....

**Cadet applicant** (14-17 years old inclusive) must also obtain the signature of their parent/guardian to the section below:

“I have read the above and agree to .....(insert name of cadet applicant) being bound by the Club’s byelaws and other rules.”

Signed.....Date..... (Parent or Guardian).

**CHILDREN UNDER 18 YEARS OLD**

NAME OF CHILD ..... D of Birth.....

NAME OF CHILD ..... D of Birth.....

**Membership Proposed by ..... Seconded by .....**