

West of England Billiards & Snooker Foundation Membership Form



The WEBSF billiards and snooker season runs from 1st September to 31st August and all participants are required to complete a new form annually. Paid membership is a condition of entry into WEBSF tournaments with the only exceptions being for the 'Open' and 'Ladies' tournaments.

Please tick the type of membership being applied for as follows:

- Full membership** (for players who live in Bath & North East Somerset, Bournemouth, Bristol, Cornwall, Devon, Dorset, Gloucestershire, Isles of Scilly, North Somerset, Poole, Somerset, South Gloucestershire, Wiltshire)
- Associate membership** (for players who live outside the areas listed above)

Membership categories and fees

- Volunteers (free membership)
- Tournament participant (£10 annual payment – 'Ladies' and 'Open' events currently free)
- Coaching participant (free membership – coaching session attendance fees apply)
- Life member (free membership – only awarded by the WEBSF Management Team)
- Management Team, non-playing officials and coaches (£10 voluntary payment for life subscription)

Personal details and consent information

Name:	Date of birth:
Full postal address:	Telephone number(s):
Email address:	
I consent to be contacted by post, telephone, email and direct contact via social media	Yes / No
I give permission for photographs taken by the WEBSF photographer to be used to promote the work of the Foundation via its website, social media, marketing campaigns and press releases as appropriate.	Yes / No
I understand that my information will be used and stored in accordance with the WEBSF Data Protection Policy.	Yes / No

Special considerations, health issues and access requirements

- Not applicable
- Physical disability
- Learning difficulties (such as dyslexia, ADHD, Autism, Asperger syndrome)
- Learning disability
- Mental health condition
- Allergy
- Other health condition not specified above

Please provide further details here about any special considerations, health issues and access requirements:

Emergency contact information

In the event of an emergency I agree for the following people to be contacted:

Primary contact

Name:	Their relationship to you:
Mobile number:	Home number:
Email address:	

Secondary contact

Name:	Their relationship to you:
Mobile number:	Home number:
Email address:	

Consent to act in *loco parentis* (where the participant is under the age of 18)

Should the necessity arise, I agree to the person in charge giving consent on my behalf for anaesthetic to be administered or for any other urgent medical treatment (including but limited to blood transfusions and invasive surgery to be given).

Parent/Guardian signature:

Print name:	Date:
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Declaration

I hereby confirm that the above details are correct and that I agree to abide by the WEBSF terms, conditions and codes of conduct at all times.

Signed:	Date:
Parent/Guardian signature (if under 18):	

Please note: *The WEBSF Management Team reserve the right to refuse membership or associate membership without explanation.*