

Application Form

Office use only

| | |
|-----------------------------|--|
| Mem date pd/initial | |
| Qualification check/initial | |

| Personal Details – one applicant per form | | | | | |
|---------------------------------------------------------------------------|----------------------------------------|----------------------------------|-------------------------------------|------------------------------------|----------|
| Name | | Tel Day | | | |
| Address | | Tel Eve | | | |
| | | Tel Mobile | | | |
| | | Email | | | |
| Post Code | | | | | |
| Age | Date of Birth / / | | Male / Female | Ethnic Origin | |
| Are you? (please tick) | In employment <input type="checkbox"/> | Retired <input type="checkbox"/> | Unemployed <input type="checkbox"/> | A student <input type="checkbox"/> | |
| What school/college do you attend? | | | | | |
| How will you get here? | | | How long will it take? | | |
| Do you have a disability? (Yes/No) | | | | Date Awarded | Location |
| Current Activity Qualifications | | | | | |
| | | | | | |
| Provide evidence of qualification(s) and/or complete climber registration | | | | | |

| Course Details: | | | |
|------------------------------------------------------------------------------------------------------------------|-----------------|----------------|------|
| Ref | Day and Date(s) | Name of Course | Cost |
| | | | |
| | | | |
| | | | |
| I enclose the membership fee, with a passport sized photograph for: (Juniors 9-18yrs, adults 19 yrs and over) | | | £ |
| Total Payment | | | £ |

- I recognise that all activities involve some degree of risk. I accept that neither HYMB, nor its employees shall be liable for any loss or injury arising from participation in any activity.
- This information will be stored in electronic format by HYMB & HCC Youth Service but will not be passed onto any third party. Tick if you do not wish to receive further information:
- I give permission for photographs to be taken by HYMB representatives for promotional purposes during activities and events.
- I have no medical conditions of which you need to be aware OR supply further details as necessary below:

| In the event of an emergency during course please contact | | | |
|-----------------------------------------------------------|--------------|-----------|--------|
| Name | Relationship | Telephone | Mobile |
| | | | |

I am a UK taxpayer and wish to treat all donations including membership subscriptions I have made since 6th April 2000 as Gift Aid donations until I notify you otherwise. *“This enables us to reclaim tax back from the Tax Man currently 28p per £1 donation.”*

| Confirm you have read the above terms, sign below (by a responsible adult if the participant is under 18). | Print Name | Relationship to participant | Date |
|------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|------|
| | | | |
| Office Use Only, Membership No: | Card Issued: | Date: | |

Please return the fully completed, signed form with payment to (cheques payable to HYMB):

Herts Young Mariners Base, 231 Windmill Lane, Cheshunt, Herts, EN8 9AJ
 Tel: 01992 628403 Fax: 01992 632654 Web: www.hymb.com
 Registered Charity No 1055435

