

Bolton Community Leisure Trust
JUNIOR LEISURE CARD REGISTRATION



Please ensure you complete the appropriate sections in full to avoid delay in processing your application.

Leisure Centre:		Telephone No:	
Parent / Guardian Full Name:			
First Name of Child:		Surname:	
Address:		D.O.B:	Gender:
Address:		Home :	
Postcode :		Mobile :	
Emergency contact Number :		Email:	
<i>In order to process your application please can you indicate which membership category you are applying for:</i>			
Free Swimming <input type="checkbox"/>		Free Leisure <input type="checkbox"/>	Discounted Leisure <input type="checkbox"/>
<i>In order to process you application you will need to bring the following documentation with you: (please see eligibility and proof checklist for accepted documents) If Income is to be considered please tick below</i>			
Proof of Identity	<input checked="" type="checkbox"/>	Proof of Address	<input checked="" type="checkbox"/>
Data Protection			
<p><i>Your details may be used and disclosed to Bolton Community Leisure Trust and/or their agent so that you can be provided with information about other goods and/or services offered by Bolton Community Leisure Trust, their agent and other organisations, which may be of interest to you, or for market research. If you would prefer not to receive this marketing or other information, you may write to us at any time or put a tick or cross in this box <input type="checkbox"/></i></p> <p><i>If you have provided us with your email address and would like to receive marketing and/or other information by this method from Bolton Community Leisure Trust and/or their managing agent please tick this box <input type="checkbox"/></i></p> <p><i>If you have provided us with your mobile number and would like to receive marketing and/or other information by this method from Bolton Community Leisure Trust and/or their managing agent please tick this box <input type="checkbox"/></i></p> <p><i>To enable us to process this application we must have your permission to take a photograph at reception of the named customer to validate the use of their membership card, please tick if you agree <input type="checkbox"/></i></p> <p><i>If you provide us with or we make copies of any personal data to support your application eligibility, data will be kept for no more than 2 months in a safe and secure and will be destroyed once company audit has been undertaken please tick this box <input type="checkbox"/></i></p>			
Signature of Parent / Guardian:		Date:	
Office Use Only			
<i>Have you seen and copied proof of <u>address</u>?</i>		<i>Have you seen and copied proof of <u>Identification</u>?</i>	
<i>Have you seen and copied proof of <u>income</u>?</i>		<i>Have you allocated the member with a barcode? Please Note this down:</i>	
Carers Attached : <i>(Please tick as appropriate)</i>		Disability (x 2) <input type="checkbox"/>	LAC (x 4) <input type="checkbox"/>
Centre Staff Signature:		Date:	