



Snowtrax Race Squad Application Form

Please **complete this form carefully** and truthfully. All information provided will be treated as confidential.

Section 1: Applicant Personal Details

Full Name:

First Name(s): _____ Last Name: _____

Date of Birth: (DD/MM/YYYY) _____ **Age:** (as of application date) _____

Gender: Male Female

Address: House Number/Name: _____

Street: _____ Town/City: _____

County: _____ Postcode: _____

Email Address: _____ **Mobile No.:** _____

Section 2: Parent/Guardian Details (for applicants under 18)

Full Name:

First Name(s): _____ Last Name: _____

Relationship to Applicant: _____

Email Address: _____ **Mobile No.:** _____

Section 3: You will need the following equipment.

- Race Skis Ski Boots Poles (with guards) Race Helmet (with chin guard)
 Impact protection (Arms, Shins and Knee)

Section 4: Race Squad Suitability

Is the applicant a member of Snowsport England (SSE) Yes No

Are you committed to regular training sessions at Snowtrax (and potentially other venues)? Yes No

Are you prepared to travel for competitions and events? Yes No

Section 5: Medical Information & Consent

Do you have any medical conditions, allergies, or injuries that the coaching staff should be aware of? (This includes, but is not limited to, asthma, diabetes, epilepsy, severe allergies, recent injuries, or ongoing medical treatment.) Yes No

If Yes, please provide details: _____

Section 6: Declaration & Consent

I confirm that all information provided in this application form is true and accurate to the best of my knowledge.

I understand that acceptance into the Snowtrax Race Squad is subject to a successful trial/assessment, and the decision of the Snowtrax coaching staff is final.

I agree that I have read and will abide by the Snowtrax Race Squad Code of Conduct and all rules and regulations of Snowtrax.

I consent to photographs and videos being taken of the applicant during training and competitions for promotional and coaching purposes by Snowtrax. (Please tick if you **DO NOT consent**)

I understand that my personal data will be held and processed in accordance with the Snowtrax Privacy Policy.

Applicant Signature: _____ **Date:** _____

(For applicants under 18) **Parent/Guardian Signature:** _____ **Date:** _____

Office Use Only

Application Received Date: _____ Annual Membership Fee: £ _____

Joining Fee (one off): £ _____ Yes No Jersey Ordered: Yes No

Admin Initial: _____