

ROMAN LAKES

angling centre

Junior Club

CODE OF CONDUCT

I wish to join Roman Lakes Angling Centre Junior club. And agree that the Club will hold my registration details for that year

I am in the 8 to 16 years age group at the time of joining the club.

The membership fee of £15 will be due at time of joining each year. If I do not renew my yearly membership on time, I will not be eligible for club activities.

After any substantial period of non-involvement i.e. six months or more the Club shall have the right to de-register me without notification.

All fishing equipment provided belongs to and is the sole property of Roman lakes angling centre and will be returned on request.

I hereby agree to abide by the rules of the club and where possible participate in club events.

CLUB RULES

- Club members must have regard for the well being of the fish stocks as their highest priority in methods of capture / handling, e.g. line, rigs, weighing etc.
- All fish should be returned to the section of water from where they were caught.
- No keep nets or fish retaining methods allowed, except in competitions run by fishery staff.
- No fishing on lane side of the lake.
- No fishing during the hours of darkness.
- No live baits to be used for Pike fishing (sea dead baits only).
- No barbed hooks.
- No foul language.

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APPLICATION FORM
PLEASE USE BLOCK CAPITALS

NAME.....

ADDRESS.....

.....

.....POST CODE.....

SCHOOL.....

DATE OF BIRTH.....

TELEPHONE.....

E-MAIL.....

Please note all correspondence will be via email, newsletters, and all dates for club activities.

Parent or guardian

I give my consent for my son / daughter to join Roman Lakes Angling Centre Junior Club.

Signature..... Date.....

Print.....

Application checklist:

I have completed and returned the following:

- Application form
- Medical details form
- 2 Passport sized photograph
- Yearly membership fee of £15

Please make cheque payable to Roman lakes angling centre and send to:
David Bennett, Roman Lakes Angling Centre, Lakes Road, Marple, Stockport SK6 7HB

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Club Use only

Expiry date:

Membership No:

ROMAN LAKES

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MEDICAL DETAILS

PLEASE USE BLOCK CAPITALS

NAME.....

ADDRESS.....

..... POST CODE.....

TELEPHONE.....

DATE OF BIRTH.....

Is your son / daughter taking any medication YES / NO

Is your son / daughter allergic to any medication YES / NO

If YES please specify.....

When did your son / daughter last have a tetanus injection.....

Does your son / daughter suffer from any of the following:

Asthma YES / NO Diabetes YES / NO

Hay Fever YES / NO Epilepsy YES / NO

Emergency Contact name.....

Home.....Mobile.....

Work..... Other.....

Please note in case of accidents we need permission to seek medical attention for your child in the event that you cannot be contacted. I the undersigned give permission for medical attention to be given in the case of injury whilst taking part in club activities.

Signature of Parent / Guardian.....

Date.....

Please note this information is confidential and will only be passed to the appropriate medical personnel.