

MEMBERSHIP APPLICATION FORM



Date of Application

Name		Date of Birth	
Address			
		Post Code	
Phone Number		Mobile	
Email Address			
Emergency Contact N°		Relationship to Above	
Name of Doctor		Phone Number	
Address			
Please state any current or past illness, injuries or allergies (food or medical)			
Please state any medication currently being taken			
Blood Type (if known)		Hospital Number	

This information is strictly confidential and will be kept on file and only used in the event of an accident or a suitable reason that direct contact must be made.

Signed (person with legal responsibility if under 18)

Relation to participant

Print Name

BRING THIS COMPLETED FORM TO THE CLUB AND HAND IT TO ONE OF THE COACHES.

IF YOU HAVE ANY QUERIES, PLEASE CONTACT ONE OF THE COACHES.