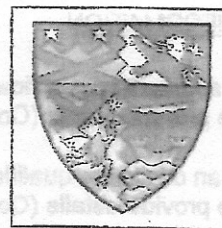


# Inverkeithing Bowling Club Membership Application Form



## PERSONAL DETAILS

If applying on behalf of a junior member (Under 18yrs) please provide parent (or guardian) details below and insert details of junior members(s) in the grid. The parent (or guardian) details will be included in all communications.

Forename(s): \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male/Female (delete as appropriate)

Address: \_\_\_\_\_ Home Tel: \_\_\_\_\_

\_\_\_\_\_ Mobile Tel: \_\_\_\_\_

\_\_\_\_\_ Relationship to Junior(s): \_\_\_\_\_

Post Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Junior Member Details:

| First and Last Name | D.O.B | Sex | Mobile Tel | Email Address |
|---------------------|-------|-----|------------|---------------|
|                     | / /   | M/F |            |               |
|                     | / /   | M/F |            |               |
|                     | / /   | M/F |            |               |
|                     | / /   | M/F |            |               |

## CONFIDENTIAL MEDICAL INFORMATION

Does the applicant suffer from any of the following? (delete as applicable)

Asthma YES/NO Diabetes YES/NO Epilepsy YES/NO Ear/Eye problems YES/NO (please specify)

Learning or physical disabilities YES/NO Injuries YES/NO Other YES/NO (please specify)

Do you or your child(ren) take any medication? YES/NO (if yes please specify) \_\_\_\_\_

Please ensure that any medication required (eg inhaler EpiPen, etc) is in the possession of the member in case of emergency. Medication may only be administered by the player.

I consent to these details being passed to the club coaches and any appropriate club staff: YES/NO

## EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone (H): \_\_\_\_\_

Telephone (M): \_\_\_\_\_ Telephone (W): \_\_\_\_\_

## FURTHER INFORMATION

Do you have a coaching qualification? YES/NO

If Yes, please provide details (Course attended, Completion Date): \_\_\_\_\_

Do you have an officiating qualification? YES/NO

If Yes, please provide details (Course attended, Completion Date): \_\_\_\_\_

Would you be prepared to become a volunteer helper at our club? YES/NO

If yes, our head coach/member of the committee will contact you.

Have you previously been a member of a bowling club: YES/NO (please specify) \_\_\_\_\_

I know of no reason why I am not entitled to play for [CLUB NAME].

## DISCLAIMER

Details may be shared with Bowls Scotland for membership purposes only and will not be shared with other organisations

I give permission for (INSERT CLUB NAME) to contact me from time to time to give with information and activities that may be of interest to me: YES/NO

COMPETITIONS: It is each member's responsibility to ensure that other members with whom they wish to compete have a note of their contact details.

## MEMBERSHIP FEES

Member category: Fee: Please tick:

Full £

Under 18 £

Non-Playing £

Total £

All membership application forms are processed in accordance with the club procedures and as required by our constitution.

By returning this completed form, I agree to abide by the Club's codes of conduct (copy available on request)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

For members under 18yrs:

Parent or Guardian Name (block capitals): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For official use only

Date Application Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Payable: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total membership fee paid: \_\_\_\_\_ Method of payment: CASH/CHEQUE/BANK TRANSFER

Authorised by (block capitals): \_\_\_\_\_ PRESIDENT/TREASURER/SECRETARY

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_