



Sample Membership Form

Personal Details:

Name:
Male/Female:
Age:
Date of Birth:
Address:.....
.....
.....
Postcode:
Tel (h):
Tel (w):
Tel (m):
E-mail:
Fax:

Medical/ Injury Details:

Detail any medical conditions/ allergies that we should be aware of?

.....

Please provide details of medication that must be administered:

.....

Do you have any past or current injuries that we should be aware of?

.....

If yes, please provide further details:

.....

These details may need to be passed on to (insert name/s of coach, team manager, appropriate club staff).

Emergency Contacts:

Name:
Address:
.....
.....
.....
Postcode:
Relationship:
Tel (m):
Tel (h):
Tel (w):

Previous Playing Career:

School:
Previous Clubs:

County/ Regional/ National?



Further information:

Do you have a coaching qualification?

If Yes, please provide details:.....

Do you have an officials qualification?

If Yes, please provide details:.....

Would you be prepared to become a volunteer helper at our club?

If yes, our volunteer co-ordinator/ head coach will contact you.

Membership Fees:

Member:	Fee:	Please tick:
Senior	£X	
Students	£X	
Under 18's	£X	
Non-Playing	£X	
Total	£	

Signed: Date:

For members under 18:

Parent or Guardian Name (block capital):

.....

Signed:

Date: