TILMANSTONE WELFARE BOWLS CLUB MEMBERSHIP/APPLICATION FORM

PERSONAL DETAILS	Emergency Contact
	In the event of an emergency and for those aged 16
Full name	years or under, please provide an emergency contact:
Address	Full name
	Mobile
	Home Tel No
Postcode.	Work Tel No
Home Tel. No.	WOIN 1011 (OTTO)
Email	IMPORTANT INFORMATION
Mobile	Please supply full information regarding:-
School (if app.)	
\ 11 /	 Medical condition, including current medication Cultural issue
Date of Birth	
Gender	3. Ability/Disability level
Ethnic origin:-	
White Mixed Asian	
Black Chinese Other	
Disability:-	
Physical Visual Hearing	
Learning Other	
Membership	
Junior Adult	From time to time club members may be filmed
7 duit	(photographic and /or video images). If you do not
Social Life	wish to be included in any photo or publicity materials
Social Life	such as; poster campaigns, flyers or websites, please
For subscriptions see notice board	tick here: []
Please make cheques payable to TWBC	tick liefe. []
riease make cheques payable to 1 wbc	This information is assumed for all administration
NT C ' 11'C	This information is required for club administration
Names of previous clubs if any:-	and in the interests of your safety should an emergency
	occur. All details will be handled in a secure and
	confidential manner in accordance with the Data
Introduced by	Protection Act legislation.
SIGNATURE	
I have read and agreed to adhere to the following adopted club documents:	
1. Club rules and codes of conduct	
2. Equality and Anti Discrimination Policy	1
3. Child Protection policy	
I agree to immediately notify the club committee of any changes in the above listed medical	
conditions. In the event of an injury whilst playing or travelling from and to events, I hereby give	
consent to receive medical attention.	
Signature Print name	
Must be a parent/guardian if under16 years	
Francisco de la parena Guardian in anaerro jeuro	