



MEMBER INFORMATION		
Name:		
Date of Birth	School:	Phone:
Current Address:		
Town:	County:	Post Code:
Home Tel No:	Mobile No:	E-Mail:
EMERGENCY CONTACT		
Name:		
Address:		Phone:
Town:	County:	Post Code:
Relationship:		
KNOWN MEDICAL CONDITIONS		
Description:		
Medication 1:	Medication 2:	Medication 3:
MEMBERSHIP TYPE (Please Circle)		
Senior:	Junior:	Student:
Social:	Skittles:	Associate:
MEMBERSHIP COST		
Cost:£	Date Paid:	
SIGNATURES		
We hereby confirm that we have read and will comply with the players and spectators codes of conduct:		
Signature of Player		Date:
Signature of Parent <i>(only if for a junior membership):</i>		Date:

