Membership Application Form - Junior

Thank you for choosing to join Etherow Indoor Bowling Centre, we look forward to welcoming you and hope you enjoy your bowling with us. To activate your membership, please bring this completed form with the appropriate membership fee to the centre.

Your membership will cover the current membership year which runs from 1st October to 30th September the following year.

MEMBER DETAILS			
First Name		**Surname**	
Date of Birth			
Address			
Postcode			
PARENT/CARER DETAILS			
Parent/Carer Name			
Address			
Postcode			
Telephone		**Mobile Number**	
Email Address			
EMERGENCY CONTACT DETAILS Please insert the information below to indicate the persons who should be contacted in event of an incident/accident.			
Name			
Relationship		**Contact Number**	
DISABILITY STATEMENT			
Disabled	I consider myself to have a disability / I do NOT consider myself to have a disability *		

(* Delete as appropriate)

DECLARATION (to be completed by parent/carer)			
By completing this form, I confirm that I would like to apply for membership of my child to Etherow Indoor Bowling Centre and I consent for my child's details to be stored and used by Etherow Indoor Bowling Centre for the purposes of administering membership, responding to emergencies and, if I have opted in, for keeping me up to date with relevant news and events. I also agree to abide and ensure that my child abides by the centre rules for play which can be found on the Etherow IBC website and are displayed in the centre.			
Signature			
Print Name		**Date**	

ADMIN USE ONLY			
Member Number			
Membership Type		**Fee Paid**	
Processed By		**Date**	