

# BLETCHLEY TOWN RE-ENROLMENT FORM 2019

In order for the Club to update its Members Details would you please fill in your Name, Address, Telephone Numbers and Email address below. Please write in Block Capitals.

## MEMBER DETAILS

Family Member details if Player and 1 family

Name-

Name-

Address-

Address-

Post Code-

Post Code-

Home Phone No-

Home Phone No-

Mobile No-

Mobile No-

Email Address-

Email Address-

Renewal as:-

**Tick    Fee**

Ladies playing full member

   **£80**

Ladies playing full member + 1 family

   **£95**

Junior ladies playing member

   **£30**    (18 and over but under 21)

Junior ladies playing member

   **FREE**    (8 and over but under 18)

Men playing full member

   **£80**

Men playing full member + 1 family

   **£95**

Junior men playing member

   **£30**    (18 and over but under 21)

Junior men playing member

   **FREE**    (8 and over but under 18)

Family member

   **£15**

Social member

   **£25**

Locker Fee    Locker No(s) \_\_\_\_ \_\_\_\_

   **£**    (£3 per locker)

**TOTAL**    **£\_\_\_\_\_**

Tick one if applies based on age at 1<sup>st</sup> April for the season coming - for competition and club rota eligibility purposes: - I will be (TICK ONE BOX ONLY) :-

**Under 25**

**55 and over**

**60 and over**

**80 and over**

## GDPR

I agree my contact number may be used in the fixtures book and club contacts book to allow contact by other players for competitions. It will not be stored anywhere else except for the master membership list for the season.

I agree my contact email if given can be used to send occasional emails to inform members of club news, occasions, competition updates and games.

**Date-**

**Signature-**

Please return completed form and payment in full to the Club Secretary or Treasurer – this can be posted in the internal club post box if the secretary or treasurer are not around.

**IF A JUNIOR MEMBER UNDER 18, THE OVERLEAF PARENTAL CONSENT FORM  
OVERLEAF MUST BE FILLED IN.**

# BLETCHLEY TOWN RE-ENROLMENT FORM 2019

## Consent Form for Parents / Carers

Bletchley Town Bowls Club, 48 Princes Way (Side Entrance), Bletchley.

Name of Child:

Address:

Telephone Contact No: (Home)

(Work)

In the interest of your child, it would be helpful to know whether he or she suffers from any illness or medical condition. Please use this space to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please also indicate any prescribed medication, etc.

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I consent to my child taking part in the Club activities whether on its premises or at away venues.

I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him / her from accident or other harm.

I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of a qualified medical practitioner may be necessary, and accept that such practitioner will need to be informed of any condition / medication disclosed above.

I am the parent / legal guardian of the child.

Signed \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Date \_\_\_\_\_

Note: If you require information on club activities, or have any concerns regarding your child's participation, please contact the person named below.

Malcolm Davey, club secretary, 1 Oakfield House, Millward Drive. MK2 2AT, Tel 07736539201