

This form is for an applicant aged 18 and under

NAME OF MEMBER WHO INTRODUCED YOU OR HOW DID YOU FIND US

PLEASE PRINT IN ALL SECTIONS

APPLICANT'S FIRST NAME OTHER INITIALS SURNAME

AGE DATE OF BIRTH GENDER

ADDRESS POSTCODE

PHONE NUMBER MOBILE

EMAIL: PLEASE PRINT

We use data from this form in order to provide you with the necessary contractual services and commensurate benefits of membership. Our GDPR Privacy policy together with our Safeguarding and Welfare policies may be found on our website www.thegreentlc.co.uk and some of these documents are also available in the pavilion to view on request.

IMPORTANT INFORMATION

EMERGENCY CONTACT'S NAME RELATIONSHIP TO YOU.....

HIS/HER CONTACT NUMBER WORKS NUMBER

ARE THERE ANY DIETARY OR MEDICAL CONDITIONS OUR COACHES, OFFICIALS, TEAM CAPTAINS SHOULD BE AWARE OF?
.....

APPLICANTS AGED 16 AND OVER PLEASE SIGN BELOW, FOR THOSE UNDER 16 PLEASE SEE NEXT SECTION AND A SIGNATURE IS NOT REQUIRED HERE.

BY SIGNING AND RETURNING THIS FORM I AGREE TO (CHILD'S NAME) TAKING PART IN THE GENERAL ACTIVITIES OF THE CLUB, THAT HE/SHE ABIDES BY THE RULES OF THE CLUB AND I AGREE TO ACCEPT THE CODES OF CONDUCT. TO MY KNOWLEDGE HE/SHE HAS NO DIETARY REQUIREMENTS, ALLERGIES OR MEDICAL CONDITIONS THAT COULD AFFECT HIS/HER SAFETY AT THE CLUB OTHER THAN THOSE DECLARED ON THIS FORM. I UNDERSTAND THAT IN THE EVENT OF ANY ILLNESS, INJURY, OR OTHER MEDICAL NEED, ALL REASONABLE STEPS WILL BE TAKEN TO CONTACT ME AND TO DEAL WITH THE SITUATION APPROPRIATELY. I AGREE TO NOTIFY THE CLUB OF ANY CHANGES TO THE INFORMATION PROVIDED ON THIS FORM.

PLEASE SIGN IF AGED 16 AND OVER DATE

COMPLETION OF THIS DECLARATION IS ESSENTIAL IF THE APPLICANT IS UNDER 16

PARENT GUARDIAN OTHER PLEASE TICK

SIGNED DATE PRINT NAME

TICK YOUR PAYMENT CHOICE. PAYMENT BY CHEQUE PAYABLE TO "THE GREEN LTC" CASH (PLEASE GET A RECEIPT) BACS PAYABLE TO "THE GREEN LTC" SORT CODE 402318 ACCOUNT 41668463 PLEASE USE YOUR SURNAME AS THE REFERENCE