

Blackminster Badminton Club Membership Form

Name:

Male/Female:

Age:

Date of Birth:

Address:.....

.....

.....

Postcode:

Tel (h):

Tel (w):

Tel (m):

E-mail:

Medical/ Injury Details:

Detail any medical conditions/ allergies that we should be aware of?

.....

Do you have any past or current injuries that we should be aware of?

.....

Emergency Contacts:

Name:

Address:

.....

.....

Postcode:

Relationship:

Tel (m):

Tel (h):

Tel (w):

Membership Fees:

Member: Fee: Please tick:

Weekly £3

Term £40

We ask players to consider becoming a full member after 3 weekly visits as a visitor.

Signed: Date: