



Oakley Bowling Club

MEMBERSHIP APPLICATION FORM

Surname: First Names.....

Address:

.....Post Code.....

Telephone Numbers: Home

Mobile

E-mail Address.....

Age Range. It would be helpful to have an indication of your age.

Under 25

25/40

40/50

50/65

Over 65

Medical and Emergency Details: Please insert overleaf details of any medical conditions you consider the club should be aware of, together with emergency contact details.

Disability: The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities. If you consider yourself to have a disability, please record the detail of it overleaf.

Bowling Experience: Please give details of any previous bowling experience.

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How did you hear about the Club?

I wish to apply for Full / Junior / Associate Membership of Oakley Bowling Club. By returning this form I agree to abide by the Club's Constitution and Rules and by its Codes of Conduct (copies of these are available on request). I consent to the information on this form relating to address, phone numbers and email being shared with other club members and with other Bowls Clubs, Associations and Governing Bodies where necessary as a condition of membership or competition entry. I recognise the club may communicate with me by post, telephone and Email

Signed.....**Date**.....

Please return to: S J Kerley, 'Amathus', Fox Lane, Oakley, Basingstoke, Hants, RG23 7BB
Email: spencer.kerley@btinternet.com

Membership Application Form

Health Profile

Name

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability:

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disabilities
- Other (please specify)

Medical information

Please detail below any important medical information that the Club should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name and relationship

Emergency contact number.....