

5 Forms

5.1 Membership form

Season:

Personal information

Name:

Address:

Postcode:

Home Telephone:

Mobile:

Email:

Date of Birth:

Type of membership:	Pay as you go	Full (£130)	Concessionary (£75)
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Would you like to be a team member?	Yes	No
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Health declaration

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Upon acceptance into membership of Ipswich Volleyball Club, I understand that Volleyball is undertaken at my own risk. I agree that those in charge may give permission, on my behalf, to receive medical treatment. I accept and agree to abide by the club rules, policies and constitution of the club

Signed..... Date.....

Additional for junior members under 18

I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities. I understand in the event of injury and illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of Parent/carer.....
Signature of Parent/carer..... Date.....

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and 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 disability
- Other (please specify):

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:

Emergency Contact Number(s):