

Market Bosworth Sports Club

Application for Membership

Member/Player Details	
Name:	
Date of Birth:	
Address:	
Post code:	
Home Tel:	

Ethnic Origin (please tick)			
White	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Asian	<input type="checkbox"/>	Black Other	<input type="checkbox"/>
	<input type="checkbox"/>	Other	<input type="checkbox"/>

Medical Disclosure
Any medical ailments or conditions we need to be aware of? (This includes any medicine taken)

Parent/Guardian (1 st Contact)
Name:
Relationship:
Email Address:
Emergency Contact No:

Parent/Guardian (2 nd Contact)
Name:
Relationship:
Email Address:
Emergency Contact No:

3 rd Emergency Contact
Name:
Emergency Contact No:

4 th Emergency Contact
Name:
Emergency Contact No:

Player/Parent Declaration
I agree to be bound by and observe the Club Rules and the Rules and Regulations of any respective participant sports governing body or bodies, and all competitions in which I participate as a member of the Club.
I have read the Club Rules and Code of Conduct and agree to abide by them as a member of Market Bosworth Sports Club - full details available at: www.marketbosworthsportsclub.co.uk
Member/Player Signature:
Date:
Parent/Guardian Signature:
Date:

Additional Parental Consent	
In the event that my child is injured whilst playing a sport, or travelling to and from events, and I cannot be contacted on one of the numbers provided, I consent for my child to receive medical attention:	YES/NO (delete as applicable)
I hereby consent for my child to be photographed on the understanding the picture will only be used by the Club for publicity and sponsorship:	YES/NO (delete as applicable)
Parent/Guardian Signature:	

"Fostering Sport for Everyone"