



CORSTORPHINE BOWLING CLUB

5 Saughton Road North, Edinburgh, EH12 7HQ

APPLICATION FOR JUNIOR MEMBERSHIP

I wish to be considered for Junior membership to Corstorphine Bowling Club. I hereby agree, if successful in my application, to comply with the Rules and Bye-laws of the Club.

Signed.....

Date.....

Please PRINT

Name in full

Address

.....

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

Telephone No E-mail address.....

Date of Birth

I have known.....for..... years

SIGNATURE OF PROPOSER Date.....

PRINT NAME

Should you wish to join the Club as a Junior member but do not know a Club member you should not seek a proposer but make direct application to the Secretary.

THE ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE MEMBERSHIP

Consent form on reverse

Dear Parent/Guardian

Your child is shortly due to participate in Bowls Coaching organised at Corstorphine Bowling Club. Fully qualified and Disclosure Checked Coaches will be present at the Coaching sessions however, in certain aspects of your child’s welfare and care when under a coach’s charge, the coach will normally only have limited (common-sense) approach in the action to be taken in the event if any injury or illness occurring if there is little or no useful information to hand. **In the unlikely event of this type of situation ever arising, and thinking only of your child’s best interests, could you please complete the following information details relative to the child named overleaf.**

1	Is your child allergic to any medication?	Yes/No	
	If yes give details		
2	Please give details of any pertinent medical condition or disability.		
3	In an emergency, my contact details are;	Home	
		Business	
		Mobile	
		Home Address	
4	In the event I am not available the following person can be contacted	Name	
		Relationship to child	
		Home	
		Business	
		Mobile	
5	Details of family doctor	Name	
		Telephone	
		Address	

DECLARATION

- I agree the above named receiving any emergency medical treatment, including anaesthetic, as considered necessary by the medical personnel and authorities present.
- I will ensure I notify the Club of any changes to the above details.
- I understand the third party insurance cover for liability will be that provided by the Club.
- I agree to participating in Bowls Coaching. I also acknowledge the need for obedience and responsible behaviour on his/her part.

Signed Date

Print
Parent/Guardian (delete as applicable)