



Player Membership Form

We are very pleased to welcome you as a member of the Aero Badminton Club.

Aero Badminton Club welcomes applications for membership from anyone interested in badminton regardless of age, disability, ethnicity, gender, nationality, sexual orientation or other beliefs.

Please complete this form and return with correct payment to a member of the club's committee.

Class of Membership: (tick one box) Adults Juniors Concessions

1 PLAYER CONTACT INFORMATION

Forename

Surname

Address

Post Code

NOTE: If for a junior membership application, neither the mobile phone nor the email address should be that of the child - this would make the child vulnerable and is considered poor practice. These details should be those of the parent / carer / guardian.

Home Phone No. 0 Area Code Your Contact Numbers

Work Phone No. 0

Mobile Phone No.

Email Address

Date of Birth Day Month Year

The above is needed for insurance purposes

How did you find out about the club?

2 EMERGENCY CONTACT INFORMATION

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

Please note if you are a couple please kindly do not put your other partner if you both attend our sessions, as we will not have an emergency contact. In this case a close relative or work colleague is acceptable.

Emergency Contact Name

Emergency Contact Phone Number

Emergency Contact Relationship with Player

3 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'. Please tick if you have a disability so we can make any special arrangements to assist you.

Do you consider yourself to have a disability? Yes No

What is the nature of your disability?

4 MEDICAL INFORMATION

Please detail below any important medical information that our coaching team / club management should be aware of e.g. epilepsy, allergies, asthma, diabetes.



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5 COACHING

Do you require coaching to learn badminton? Yes No

6 BADMINTON ENGLAND

Are you a member of Badminton England? Yes No

If you are already registered with Badminton England under another affiliated club you can qualify for a discount on our membership fees. If you have ticked Yes, what is the name of the other affiliated Badminton England badminton club, and your Badminton England membership number if you have this available.

Name of other BE affiliated club

Existing badminton England membership No.

7 PHOTOGRAPHY

Permission for photographs of member to be used in badminton publications or for badminton publicity purposes only Yes No

8 PLAYER RISK AGREEMENT & CLUB DECLARATION

Players must understand that the game of badminton may be physically and mentally demanding and may require extreme exertion on occasion, furthermore it can be dangerous if not played in accordance with accepted practices and that as a member you acknowledge that the possibility of injury to myself and others does exist.

As a member you must confirm and agree that you are fully aware of the risks to myself and others involved in the game of badminton and that you will never, under any circumstances, deliberately or intentionally cause physical injury to any other player or attending person, or hurt or jeopardise the safety of others. You must confirm that you are physically and mentally fit and able to take the demands of playing badminton games.

As a member you must hereby fully agree to comply with all Aero Badminton Club rules, its constitution, codes of practice, child protection policy, anti bullying policy, photography policy. You shall obey all directions and instructions of the supervisory and administrative volunteers and will always behave in a courteous and reasonable manner.

I understand that I will be kept informed of these activities, for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact my contacts as listed on the emergency contact information, and to deal with that injury/illness appropriately.

I wish to join/re-join the Aero Badminton Club. I accept the club's rules and conditions for the period of time in which I am a member of the club.

Name Signed Date 2016

9 PLAYER MEMBERSHIP PAYMENT

Payment can be made by one of the methods below:

Payment Type: Online (BACS)
(Tick one box) Preferred option

HSBC Account Number:
Sort Code:

Cheque

Please make cheque payable to Aero Badminton Club

Cash