



I. B. C.

Denton Island Indoor Bowls Club, Denton Island, Newhaven, BN9 9BA.  
Tel 01-273-514664  
www.dentonislandbowls.co.uk

Issue 33 January 2015

# APPLICATION FOR JUNIOR MEMBERSHIP

Please return to the above address

Surname \_\_\_\_\_ (Mr / Miss) Forename(s) \_\_\_\_\_

Full Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone: 01- \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Emergency contact: Name/Relationship \_\_\_\_\_ Tel. \_\_\_\_\_

*This application must be proposed by the member who is to take responsibility for the Junior member. Juniors should always be accompanied by a responsible adult who is also club member (full or social) whenever attending the club or on a club match/activity)*

**Playing Member 2021/22 Subscription £ 25.00**

**Membership year runs from 1<sup>st</sup> October - 30<sup>th</sup> September**

I wish to apply for Junior Membership of the Denton Island Indoor Bowls Club and will comply with the rules and regulations laid down by the company. I understand that my application will be posted for the required 7 day period for any objections to be raised. I understand that the personal data given above will be entered on a computer database for the efficient administration of the club and will not be disclosed to outside parties, and give my consent.

I have attached my cheque /card details for £ \_\_\_\_\_.

Full Payment by debit/credit card:

Signed. \_\_\_\_\_ Date: \_\_\_\_\_

## CONSENT FORM FOR PARENTS / CARERS

Other Contact numbers and addresses .....

.....Parent/carer's work number .....

The following members of the Club are authorised to take responsibility for my child while on Club premises or activities.

Name.....Member No..... Name.....Member No.....

Name.....Member No..... Name.....Member No.....

Please tick this box  and state overleaf, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware. Please indicate any prescribed medication etc..

**DECLARATION:** I consent to my child taking part in the Club activities whether on its premises or at an away venue. I understand that the club, while taking all reasonable steps in the exercise of their duty of care, expects a parent/carer or one of the members listed above to be with and to be responsible for my child while on club activities. I understand that in the event of an accident or other emergency where the responsible adult member is not in a position to act on my child's behalf, that every effort will be made to contact me using the information given above. In the event that no contact can be made and, in the opinion of a qualified medical practitioner, any delay of treatment would be detrimental to my child's health, I consent to my child receiving any medical treatment that may be considered necessary. I am the Parent / Legal Carer of the above named child.

Name(print) ..... Relationship .....

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

For Club use:  
cheque No:  Membership No:  Locker Loc

Date Received. \_\_\_/\_\_\_/\_\_\_ Posted on Notice board \_\_\_/\_\_\_/\_\_\_ New Member Liason notified. \_\_\_/\_\_\_/\_\_\_

Interview date \_\_\_/\_\_\_/\_\_\_ Applicant Accepted / Key: Receipt received \_\_\_/\_\_\_/\_\_\_