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| member Information | | | | | | | |
| Name: | | | | | | | |
| Current Address: | | | | | | | |
| County: | | | | Postcode: | | | |
| Home Telephone: | | | Mobile Telephone: | | | | |
| E:Mail Address: | | | | | | | |
| Date of Birth (dd/mm/yyyy): | | | | | | | |
| Badminton England Membership Number (if known): | | | | | | | |
| Please detail any important medical information that our club officers should be aware of: | | | | | | | |
| Emergency Contact | | | | | | | |
| **Name of Contact:** | | | Relationship to Player: | | | | |
| Home Telephone: | | | Mobile Telephone: | | | | |
| PAYMENT | | | | | | | |
| KBC Fees for 2022/23: £130 Adults £100 Juniors £50 Student | | | | | | | |
| Cash | | | Bank Transfer | | | | |
| *Account Name:*  Kettering Badminton Club | *Bank:*  Barclays Bank | *Account Number:* 10541028 | | | *Sort Code:*  20-45-77 | | *Reference:*  Please use your name |
| Signatures and DeCLARATIONS | | | | | | | |
| * By returning this completed form, I agree to take part in the activities of the club and for my details to be shared with other members. I understand that I will be kept informed of these activities – for example timing and transport details. * I understand in the event of injury/illness all reasonable steps will be taken to deal it. If medication is required, I confirm it is my responsibility to manage this. * I acknowledge care needs to be taken when arriving and leaving, as the car park is often busy and dark, and it remains my responsibility to ensure I arrive and depart safely. * I understand it is my responsibility to ensure I follow the current national guidance in relation to Covid-19 or other pandemic that may arise from time to time. * I understand that it is my responsibility to inform the Club Secretary if any of the details given in this form change. * I will ensure I wear suitable clothing and footwear, bring a full drink bottle with me and ensure I have any medication required. * I give my consent for photographs to be used in badminton publications or for badminton publicity purposes only including on the website and on social media. I also agree that I will be added to the KBC WhatsApp group and will post anything which could be construed as inflammatory or prejudicial. * I understand it is a requirement of Badminton England that the club affiliates me using the details contained within this form. * I hereby agree to abide by the club’s constitution and Badminton England rules. | | | | | | | |
| Signature of Applicant: | | | | | | Date: | |
| AFFILATION STATUS (for club secretary to complete) | | | | | | | |
| Date of Affiliation: | | | Signature of Club Secretary: | | | | |