|  |
| --- |
| 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: |