

## KITES BADMINTON CLUB MEMBERSHIP FORM

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We are very pleased to welcome you to Kites Badminton Club. All information given on this form is used only for the purpose of club activities and to register your details with Badminton England (if necessary). It is held securely in line with GDPR regulations. \*underlined fields are mandatory

### PERSONAL INFORMATION

Name:

Address:

Postcode:

Phone number:

Email address:

Date of birth (required for Badminton England Registration):

### MEDICAL INFORMATION

Please detail below any important medical information that the club should be aware of (e.g. epilepsy, asthma, diabetes, food allergies etc.), if not applicable, please state N/A:

### 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”.

Do you consider yourself to have a disability?    Yes    No

If yes, what is the nature of your disability?

Visual impairment

Hearing impairment

Physical disability

Learning disability

Other (please specify):

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## EMERGENCY CONTACT DETAILS

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

First contact's name:

Emergency contact number:

Relationship to member:

Second contact's name:

Emergency contact number:

Relationship to member:

## OTHER INFORMATION

Badminton England Number (if you are currently a member):

Have you played Badminton before?    Yes    No

If yes, where have you played the sport:

Primary school

Secondary school

No String Sessions

Club

County

Other (please specify)

Please let us know where you heard about the club:

Our Website

Badminton England Website

Gosling Better Website

Search Engine

Word of Mouth

Other (please specify)

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## DECLARATION

- I give my consent for my details to be shared with Badminton England for the purpose of registering me as a club player (required for insurance purposes)

Yes

No

- I give my consent for photographs of me (my child, if under 18 years) to be used in publicity for Kites Badminton Club, including on our website.

Yes

No

- By returning this completed form, I agree to take part in the activities of the club.
- I understand that I will be kept informed of these activities via the contact methods provided on this form
- I understand in the event of injury or illness, all reasonable steps will be taken to deal with that injury/illness appropriately, and my emergency contact(s) informed.
- I understand that it is my responsibility to inform the Club Secretary immediately if any of the details given in this form change.

**Name:**

Name of parent/carer if member is under 18 years

**Signature:**

(if member is under 18 years, parent/carer to sign)

**Date:**