



Membership Form

Farnborough & District Sports Association for the Disabled
President: - Don Gilbert
Vice Presidents: - Ray Ledgerwood, Peter Hull MBE, Councillor Jim White J
MEMBERSHIP DETAILS

**First Name****Last Name**

PLEASE USE BLOCK CAPITALS

To enable us to issue a membership card could you please complete ALL sections for ALL members below.
Missing information will delay the issuing of membership cards.

Address**Town****County****Post Code****Telephone****Mobile Phone****Date of Birth****Nature of Disability****Do you suffer from?****Epilepsy****Diabetes****Asthma****Heart Condition****Specify Medication****Allergic**

Please write below who you would like contacted in the event of an emergency. (ALL MEMBERS)

First Name**Last Name****Address****Town****County****Post Code****Telephone****Mobile Phone****Doctor's Name****Surgery Name****Phone**

HAVE YOU ANY DIFFICULTIES OR LIMITATIONS INSTRUCTORS SHOULD BE AWARE OF

I certify that I have obtained my Doctor's authority to permit me to take part in sports/swimming and that I will notify the Membership Secretary of any changes in my condition appertaining to my disability. I am aware that the Committee Officials of Rushmoor Mallards do not accept any liability for any accident or mishap that may occur at sports or swimming sessions or at any other time. Sports and swimming are carried out at my own risk.

SIGNED _____ PARENT OR GUARDIAN (if under 18)

T NAME (BLOCK CAPITALS) _____

Children under the age of 12 must be accompanied by a parent or guardian AT ALL TIMES DATE _____

PLEASE INCLUDE 2 PASSPORT SIZE PHOTOGRAPHS