



RUSHMOOR MALLARDS

Farnborough & District Sports Association for the Disabled



Membership Form

Please complete ALL sections. Missing information will delay the issuing of a membership card.
PLEASE COMPLETE IN BLOCK CAPITALS AND SUPPLY 2 PASSPORT SIZE PHOTOGRAPHS

First Name..... Last Name.....

Address.....

.....Post Code.....

Telephone No.....Mobile No.....

Date of Birth (if under 16).....

e-mail address.....

State Nature of Disability / Medical Condition (Please state if none)

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Person to contact in the event of an emergency

First Name..... Last Name.....

Address.....

.....Post Code.....

Telephone No.....Mobile No.....

Doctor's Name and Telephone No.....

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

I have read the Code of Conduct and agree to abide by its conditions.

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

To be signed by a parent or guardian if applicant is under 18. Please state relationship

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Children under the age of 12 must be accompanied by a parent or guardian at all time who must also apply for membership separately.