

## Ltd Release Membership Form - 2009/2010 season

Please complete the following details in full

Circle either "yes" or "no" below

<b>Personal Details</b>
Full Name
Nick Name
University (if current)

<b>Membership type:</b>	
Standard (£25)	Yes
Other student (£15)	Yes
Skunk/Chi (£5)	Yes

Home tel no.
Mobile no.
Email

Are you a brand new club member?
Yes      No

Term time address
Post Code

Do you require new website login details?
Yes      No

Permanent address
Post code

<b>Next of Kin Details 1</b>
Name
Relationship
Tel No.

<b>Next of Kin Details 2</b>
Name
Relationship
Tel No.

Do you suffer from any medical conditions that you believe the club should be aware of in case of emergencies, for example asthma, epilepsy, medicine or food allergies? Yes/No
If yes, then please provide details here:

I understand that it is my responsibility (as a member) to pay the club and keep my account in credit at all times. I agree to pay all outstanding monies owed to the club by the close of the present season (30/9/10). I am aware that the club is within its rights to take action if I (the player) do not meet the terms of the aforementioned statements.
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Signed:

Date:

<b>ADMIN ONLY</b>	<b>FEE RECEIVED:</b>	Cash	Cheque
<b>RECEIVING COMMITTEE SIGNATURE:</b>			

Data supplied here will not be shared with any organisation outside of Ltd Release except where deemed necessary for insurance purposes or if required to do so by the sport's governing body. Medical conditions will be considered confidential and information will be shared with the current committee and passed only to coaching staff and team captains when it is considered appropriate and necessary to do so. Next of kin details will only ever be used in the event of an emergency at (or on the way to / from) a club sponsored event.

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<b>RECEIPT ONLY</b>	<b>FEE RECEIVED:</b>	Cash	Cheque
<b>RECEIVING COMMITTEE SIGNATURE:</b>			