

ILMINSTER BOWLING CLUB

JUNIOR MEMBERSHIP APPLICATION FORM 2021 (for players under the age of 18)

This form is designed to be completed by the parent, or legal guardian of any player under the age of 18. As the person completing or receiving this form, you must ensure each person whose information you include in this form knows what will happen to their information and to whom it may be disclosed. Details are set out in the Privacy Notice accompanying this form.

Once completed, the form should be returned to your coach at the Club or when making application to the Club.

Membership Selection	Price	BOWLS	
UNDER 10 ON APRIL 1 ST	£5	BOVVES	
10-14 ON ARIL 1 ST	£10		
15-18 ON APRIL 1 ST	£15		
SECTION 1 (MANDATORY): PERSONAL DETAILS	OF YOUNG PLAYER		
Name			
Home address			
Post code			
Date of Birth	(Day) (Month) (Year)		
Gender			
Email address (if over 16 only):			
Home telephone number (if over 16 only):			
Mobile telephone number (if over 16 only):			
SECTION 2 (MANIDATORY), DEDSONAL DETAILS	FOR DADENT/LECAL CHARDIANS OF VOLING D	AVED	
SECTION 2 (MANDATORY): PERSONAL DETAILS Name	FOR PARENT/LEGAL GUARDIANS OF YOUNG PI	LATER	
Home address (if different)			
Post code (if different)			
Email address:			
Home telephone number			
Mobile telephone number			
SECTION 3 (OPTIONAL): EMERGENCY CONTACT DETAILS Can we use the above details as a contact in an emergency? If not please provide the contact details of an alternative adult below.			
Name of an alternative adult who can be	Phone number for alternative named adult	Relationship which this person has to	
contacted in an emergency		the child (for example, aunt, neighbour, family friend and so on)	
		,	
SECTION 4 (OPTIONAL): SPORTING EXPERIENCE	INFORMATION		
Has your child played bowls before: Yes	No _		
If yes, where has this been played?			
ii yes, where has this been played:			
☐ Primary School ☐ Club ☐ Local Authority Coaching Session			
Secondary School County			
Special Education Need School Other (please specify)			
SECTION 5 (OPTIONAL): DISABILITY			
We will use this information for statistical nurne	aces as well as to establish if there are any ado	litional needs/support/adjustments	

We will use this information for statistical purposes as well as to establish if there are any additional needs/support/adjustments that your child may require, please discuss this with us.

The Equality Act 2010 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you have any physical or mental health conditions or illnesses that have lasted or are expected to last 12 months or more? Yes No			
Does this disability or illness affect you in any of the following areas? Vision impairment Hearing impairment Mobility impairment Dexterity impairment	 □ Developmental impairment □ Has other type of impairment, please provide more details: □ Learning impairment □ Memory impairment □ Mental Health impairment □ Stamina, Breathing or Fatigue impairment 		
SECTION 6 (OPTIONAL): MEDICAL INFORMATION			
	coaches/junior co-ordinator need to know, and which would be allergies; medical conditions (for example - epilepsy, asthma, and so ional needs, and/or any injuries. Please indicate if you would like to		
Name of doctor/surgery name			
Doctor's telephone number			
Medical consent: I consent to my medical details to be shared with coaches/leaders for the purposes of the delivery of my safe participation in the bowls club activity. Not providing consent will not affect your child's membership to the Club, however giving us consent to share this information will help club volunteers to know how to respond effectively in the case of any medical emergency.			
I agree to the child named above taking part in the activities of the club. I confirm I have read, or have been made aware of, the clubs policies concerning: Transporting children - Privacy Policy for junior members Photography / video - Privacy Policy for junior members Anti-bullying and the code of conduct – Children Policy, Parents & Carers Policy Social media, text and email – Social media policy I understand and agree to the responsibilities which I and my child have regarding these policies			
SECTION 8 (OPTIONAL): CLUB PHOTOGRAPHY/VIDEO CONSENT			
I consent to the club photographing or videoing my child's involvement in bowls in line with the club photography/video policy. If you do not wish to give consent for this please contact us to discuss how we can manage any potential photography. Not giving consent will not affect your child's membership of the club.			
SECTION 9: PRIVACY STATEMENT			
Ilminster Bowling Club take the protection of the data that we hold about you as a member seriously and will ensure that the data you provide is processed in accordance with data protection legislation. Please read the full privacy notice below carefully to see how the Club will treat the personal information that you provide to us.			
Please read the full privacy notice below carefully to see how the	islation.		
	islation.		
Please read the full privacy notice below carefully to see how the	I responsibility of (name of child) and that I have read and		

Please see Ilminster Bowling Club website www.ilminsterbowlingclub.com for more information. This is accessible through the members downloads section. As a member you will have requested a login for this service.