

NOVA BADMINTON CLUB



Membership Form

Full Name of Player:	
Date Of Birth:	
Address :	
Post Code	
Email:	
Tel No: Home:	
Tel No: Mobile:	
Tel No: Other:	
Emergency Contact Name :	
Emergency Contact Number(S):	
Relationship:	
	ta to be kept until such time as I notify the club that I will no longer be attending.
In the event of an accident, I give	permission for the club to act on my behalf including seeking medical assistance
I do/do not (delete as applicable) give permission for photos from events to be used on the club website or marketing media.	
I will abide by the terms of the clu	b constitution (available on the club website (https://bbbadminton.com)
will be used solely for the purpose The data will not be shared with a consent. I agree to my information being he	le in this form and any other information obtained or provided during the course of your application as of administering you club membership. In you other third party for marketing or commercial purposes without firstly obtaining your specific are led in paper form in a folder located in the club equipment box for use in emergency. In the send me information about the club, its activities and events by the following methods; none, WhatsApp
Laccont the terms of a	
I accept the terms above	
Signed:	
Printed Name:	
Date:	

Rev : Initial : 20-MAR-23