



Lydney Volleyball Club
Membership Form – 2025/26 Season

Name: _____

Age (as of 01/09/2025): _____

Address: _____

Postcode: _____

Contact Number: _____

Email: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

I agree that by signing this form, I am becoming a member of Lydney Volleyball Club (LVC) and give permission for LVC to hold and use my personal data for the explicit purpose of the running and administration of LVC.

I further agree to pay the annual subscription fee of £20 (£10 for minors / students) 30/09/2025 or with 1 calendar month of completing this form.

_____	_____	_____
Sign	Print	Date

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent / guardian with legal responsibility for this member, do consent to her/his membership of Lydney Volleyball Club. I further agree to the storage and use of personal data as outlined above.

_____	_____	_____
Sign	Print	Date

Emergency Contact Number: _____