



ILMINSTER BOWLING CLUB

JUNIOR MEMBERSHIP APPLICATION FORM 2023 (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.

Table with 3 columns: Membership Selection, Price, BOWLS. Rows include: UNDER 10 ON APRIL 1ST (£5), 10-14 ON APRIL 1ST (£10), 15-18 ON APRIL 1ST (£15).

SECTION 1 (MANDATORY): PERSONAL DETAILS OF YOUNG PLAYER

Form for Section 1: Name, Home address, Post code, Date of Birth, Gender, Email address, Home telephone number, Mobile telephone number.

SECTION 2 (MANDATORY): PERSONAL DETAILS FOR PARENT/LEGAL GUARDIANS OF YOUNG PLAYER

Form for Section 2: Name, Home address, Post code, 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.

Form for Section 3: Name of an alternative adult, Phone number for alternative named adult, Relationship which this person has to the child.

SECTION 4 (OPTIONAL): SPORTING EXPERIENCE INFORMATION

Form for Section 4: Has your child played bowls before? (Yes/No), If yes, where has this been played? (Primary School, Secondary School, Special Education Need School, Club, County, Local Authority Coaching Session, Other).

SECTION 5 (OPTIONAL): DISABILITY

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

Please detail below any important medical information that our coaches/junior co-ordinator need to know, and which would be affected by your child's participation in bowls activities. Such as: allergies; medical conditions (for example - epilepsy, asthma, and so on); current medication; special dietary requirements, any additional needs, and/or any injuries. Please indicate if you would like to discuss this privately with us.

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.

SECTION 7 (MANDATORY): PARENT/LEGAL GUARDIAN PARTICIPATION AGREEMENT:

- 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.

PARENT/GUARDIAN AGREEMENT

- By returning this completed form, I confirm that I have legal responsibility of (name of child) and that I have read and understood the permission statements on this membership form and the privacy notice below.

Date: _____ Signature: _____

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.