



# Uddingston Bowling and Tennis Club APPLICATION FOR MEMBERSHIP

Date.....  
Card No.....  
Amount Pd.....  
Signed.....

Please tick the section you would like to join

Bowling

Tennis

Social

Forename(s) \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Tel \_\_\_\_\_ Mobile Tel \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Tel No \_\_\_\_\_

**If Junior Member (Under 18 yrs) please supply**

Name of Parent or Guardian \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Contact No \_\_\_\_\_

### Confidential Medical Information

Asthma YES/NO Diabetes YES/NO Epilepsy YES/NO Ear/Eye Problems YES/NO  
Learning/Physical disabilities YES/NO Other YES/NO Please Specify \_\_\_\_\_

Do you or your child/children take any medication YES/NO If yes, please specify \_\_\_\_\_

**I consent to these details being passed to Club Coaches/Directors as appropriate YES/NO**

*(Please ensure that any medication (eg inhaler) is in possession of member in case of emergency. Medication may only be administered by the member).*

### Declarations and Consent

Membership applies from 1st March to 28th February each year. Uddingston Bowling and Tennis Club is subject to the provisions of the General Data Protection Regulations (GDPR). The personal information provided by you on this form will be used to process your membership and for the purposes associated with membership and activities of the Club. The Club will deal with personal information in accordance with the Club's GDPR Privacy Policy.

By returning this completed form, I agree to abide by the Rules of Uddingston Bowling and Tennis Club.

I confirm that I have read and understood the Club's Privacy Policy (please tick)

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian if Application by Junior under 18 years).

