



To be completed fully and signed personally by a member over the age of 18 years or by the person having parental responsibility for a member under the age of 18 years.

Strictly Confidential

Surname		Forenames	
Male/Female*			
Date of Birth (if under 18) / /			
Home address		Home Tel No	
		Students Mobile Tel No	
		e-mail address	
Post Code		@	
Person to contact in the case of an emergency	Name	Relationship	
Address of emergency contact if different from above.		Emergency Contact Name and Number	
		1.	
		2.	
Post Code			
NHS Number (if known)			
Member below the age of 18 I wish to take part in badminton, Signed (Person with parental responsibility) Name in Block Capitals Date		Member Over the age of 18 I wish to take part in badminton, Signed Name in Block Capitals Date	
<p>The information contained in this document is classified as sensitive personal information and is subject to the provisions of the Data Protection Act 1998. It is necessary for such information to be retained, for legal reasons, 3 years after you stop playing the sports, whichever is the later. Some of the data may be stored electronically. Only such data as is relevant to your/the members attendance at the Harrogate Racquets Club will be used/retained. Your signature above confirms your consent for us to use and retain such data. You have the right under the Data Protection Act 1998 to request access to any personal information we hold on you/the member.</p>			

Harrogate Racquets Club, Firs Road, Harrogate HG2 8HA
 Web site www.harrogate.co.uk/racquets Tel. 01423 871541
 Badminton England NYPC Head Coach Nitin Panesar 07866565930

* delete as appropriate



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Please identify any known medical conditions or disability:

Asthma	Yes/No*
Allergies	Yes/No*
Heart Complaints	Yes/No*
Head Injuries	Yes/No*
Diabetes	Yes/No*
Epilepsy	Yes/No*

Do you consider yourself to have a disability? Yes/No

If yes, what is the nature of your disability?

- Visual impairment
 Hearing impairment
 Physical disability
 Multiple disability
 Other (please specify):

Any medication being taken that may affect your ability to play badminton:

Medication	Medical Condition
Do you need to have your medication with you during the sports activity? Yes/No*	
If yes – how is the form of medication taken?	

Other Details:

Is there anything that we should be aware of which might affect you or your participation in this sport? If so please provide appropriate details	
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Declaration:

I understand that I should be well prepared, physically and sufficiently fit to take part in playing Badminton. I have declared all medical matters that may affect my participation in this Sport and I will inform the coach in charge of any additional medical matter that occurs after the date of signing this form.

Signed :

Date.....

Countersigned.....

(Person having parental responsibility for a member under the age of 18 years only)

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