



# EMBA BADMINTON CLUB

## Visitor Application Form

Please complete the entire form as appropriate.

I wish to apply for my Visitor Membership of the above Club:

Membership No.:

T /09

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Postal Address \_\_\_\_\_

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

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Please tick if you want your email address to remain confidential

Residential Address: \_\_\_\_\_

### Contact person in Case of Emergency

Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Visitor Membership runs weekly.

Acceptance will be subjected to the number of permanent players present on the day of application by the Group Leader

Subscription paid will not be refunded

Subscription is Euro 5 per person per day

### Disclaimer:

I am not aware of any health reasons which would preclude me from playing, and accept this is solely my responsibility.

Whilst every care will be taken, the Club, its officials and members cannot be held responsible for any injury or accident, whether caused by negligence or otherwise, which may occur, and play is undertaken entirely at my own risk.

I agree to be bound by the Club Constitution and Rules, as amended from time to time.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_