



Visitor Application Form

I wish to apply for Visitor Membership of
St.Margaret's Badminton Club (duration: 4 weeks)

/ /2010

Forename: _____ Surname: _____

Full Address: _____

Postcode: _____

Telephone No: _____ Mobile No: _____

Email: _____

Person to Contact in event of Emergency:

Name: _____ Relationship: _____

Telephone No: _____

Visitor Membership expires after the four weeks. It cannot be renewed.

Full membership is by invitation only, and is mandatory if you wish to continue to play at St Margarets's.

The membership fee is £10 per annum and covers the cost of public liability insurance which is compulsory in order for the club to hire the hall.

Disclaimer:

I am not aware of any health reasons that make it inadvisable that I should play. I accept sole responsibility for my decision.

Whilst every care is taken to ensure safety, neither the Club, nor its officials, members, visitors or supporters can be held responsible for any injury, accident or illness, whether caused by negligence or otherwise, and play is undertaken entirely at personal risk.

Signature: _____

Print Name: _____ Date: _____