



Member Registration Form

Season 2018/2019

First Name:			
Surname:			
Gender:		Date of birth:	
Address:			
Phone:			
E-mail:			
Start date:			

Emergency Contact 1:	
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MEDICAL HISTORY INFORMATION:	
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Photographs

I understand that photographs will be taken during or at sport related events and may be used in the promotion of sport.

Payment options

Club Registration Type	<input type="checkbox"/> First time: €50	<input type="checkbox"/> Renewal: €30
Annual Membership Type (September- May)	<input type="checkbox"/> Training once a week (€360)	
	<input type="checkbox"/> I want to spread the cost in 3 instalments of €120 (payable on the 1st of September/ December/ March)	

I hereby agree to the club policies, as stated in the Club Constitution

Signature:
Date: