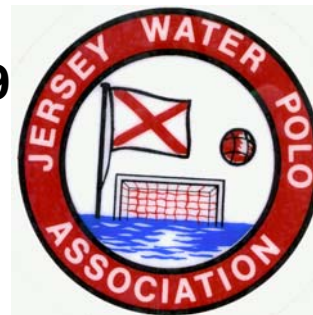


JWPA Membership Registration Form 2008/9



Please complete form in BLOCK CAPITALS (by hand)

Subscriptions are due by 31st October 2008

JWPA year runs from September 1, 2008 – August 31, 2009.

Name:..... Male

Female

Date of Birth

Current address:

.....Postcode:.....

*Contact Tel number: Work:

Mobile:

Home:

*E-mail address:

In case of Emergency Contact Name:.....Contact Number.....

Next of Kin

Name:..... Relationship

Contact number

FURTHER RELEVANT INFORMATION (as required)

Notes /Medical Notes / Allergies / Illnesses / Injuries / Taking Any Medication

.....
.....

Please Tick appropriate box for Membership type

Senior: £125 single instalment. Senior: 2 instalments: £60 now - £65 Feb 09

Junior(u18): £65 Overseas Member: £20

Official use only: Member No:

Important notice: Registration Forms MUST be completed by ALL players If your membership is not paid up then you are not insured to be in the pool and access to the pool WILL be denied.

Disclaimer.
I agree to act in accordance with the Club Constitution. I agree to my details being entered into the club membership database and email address onto the club mailing list. I am fully aware of the potential dangers involved in the performance of Water polo. I acknowledge that it is up to me personally to assess whether the participation is too dangerous for me. I agree that I will conduct my own assessment and I will immediately notify the president of JWPA of any obvious safety concerns I may have. I understand that I may be found personally liable to third parties for damage arising from bodily injury they may have suffered as a direct result of my participation.
This declaration is also binding on any relatives, personal representatives, next of kin or assigns who might pursue legal action.

THE DETAILS PROVIDED WILL ONLY BE USED FOR THE PURPOSES STATED. PLEASE SIGN BELOW TO CONFIRM THAT ALL DETAILS ARE ACCURATE AND YOU CONSENT TO THEM BEING HELD ON A DATABASE AND/ OR A WEB BASED DIRECTORY.

Signed (Parent or Guardian if u18): _____ Date: _____

Once completed please return to Steve Price or Tracey Huish ASAP. Cheques made payable to JWPA.