

KING'S LYNN RPG & WARGAMES CLUB MEMBERSHIP FORM

Please insert the information requested below and return this form to us. If you are under 16

please also ask your parents or guardian to sign the form before it is returned.

PERSONAL DETAILS

Name:

Address:

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..... Postcode:

Home telephone number:

Mobile: email:

Date of birth: Gender: Male _ Female _

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

If yes, what is the nature of your disability?

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MEDICAL INFORMATION

Please detail below any important medical information that our club organisers should be aware of (e.g epilepsy, asthma, diabetes, etc.)

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EMERGENCY CONTACT DETAILS

Please insert the information below to indicate the person(s) who should be contacted in case of an incident/accident:

Contact name (eg parent/guardian):

Emergency contact number:

PERMISSION (TO BE COMPLETED BY PARENT/GUARDIAN IF APPLICABLE)

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

Name of parent/guardian:

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Signature of parent/guardian:

Date:

I agree to abide by all rules and policies set down by the committee.