

WESTFIELD & DISTRICT CRICKET & SPORTS CLUB

Private Ground: GREENMEADS, WESTFIELD, WOKING, SURREY, GU22 9QJ

Founded 1875

President: D Pott
Chairman: J Osgood

Please reply to:

Membership Secretary
Westfield & D C & Sports Club
3, Moor Lane
Woking
Surrey GU22 9QY
Tel: 01483 722925
e-mail: graham.thurley@gmail.com

Junior Membership Application Form

I wish to join the Westfield & District Cricket & Sports Club as a:

Please tick the relevant box below

<input type="checkbox"/>	Junior Cricket (Junior 16-18 years up to 1 st May) £10.00
<input type="checkbox"/>	Junior Bowls (Junior 16-18 years up to 1 st May) £10.00
<input type="checkbox"/>	Junior Cricket (Junior below the age of 16 years upon the 1 st May) £5.00
<input type="checkbox"/>	Junior Bowls (Junior below the age of 16 years upon the 1 st May) £5.00

I understand that if I am elected to membership of the club I will be bound by the rules of the club.
(Please use **BLOCK CAPITALS** except where signature is asked for).

Name: Master/Miss

Address:

.....Postcode.....

Telephone (home)..... (mobile).....

E-mail address.....

Date of application: Usual signature:

Proposed by: Seconded by:

PARENTS OR GUARDIANS MUST COMPLETE THE CONSENT FORM OVERLEAF

*Cricket affiliated to The Club Cricket Conference
Bowls affiliated to Bowls England, Surrey County, West Surrey &
Surrey County Women's Bowling Associations
Member of Sports Woking*

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Please reply to:

CONSENT FORM FOR PARENTS/GUARDIANS

Name of Child: Date of Birth:.....

Address:

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

Telephone number: (evenings)..... (Daytime).....

In the interest of your child it is essential to know whether he or she suffers from any illness or medical condition. Please use the space below to state, in confidence, any health or other matter concerning your child of which accompanying club officials should be aware of. Also indicate any prescribed medication, etc.

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I consent to my child taking part in the Club's activities whether on its premises or away venues. I acknowledge that the Club will take all reasonable steps in the exercise of their duty of care to him/her from accident or other harm. I understand that in the event of an accident or other emergency every effort will be made to contact me. If unable to make contact, I consent to my child receiving urgent medical treatment which in the opinion of qualified medical practitioner may be necessary, and I accept that such practitioner will need to be informed of any condition/medication disclosed above.

I am the parent/legal guardian of the child.

Name: Relationship:

Signed: Date:

Note: If you require information on the clubs activities, or have concerns regarding your child's participation please contact the Membership Secretary on 01483 722925 or e-mail: graham.thurley@gmail.com