



APPLICATION FORM for Club Membership

To be kept on file and must be available at every club meeting on the premises or alternative venue.

Name: _____

Address: _____

Telephone No: _____ Date of Birth: _____

Next of Kin/Emergency Contact (Relationship): _____

Address and Tel. No. (If different from above): _____

Second Emergency Contact _____

(Please ensure this contact is aware of this responsibility)

Notes e.g. allergies or anything leaders should be aware of: _____

I give permission for images (photographs and video) of me to be shared online

Phab MISSION STATEMENT: To promote and encourage opportunities where physically disabled and able-bodied

people share experiences on an equal basis working towards an inclusive society.

I agree to abide by Phab's philosophy, aims and objectives and its Child/Vulnerable adult policy – available on request.

Any change of circumstance must be recorded on this form. The information given above is true to the best of my belief.

Signed: _____ Date: _____

Print Name: _____

(Signed by the Member/Parent/Guardian if under 18, or carer if unable to sign.)