

WETHERAL BOWLING CLUB

APPLICATION FOR MEMBERSHIP FORM

PERSONAL DETAILS

Name:	
Address:	
Postcode:	
Telephone Numbers:	Landline: Mobile:
Email Address:	
Age:	
Gender:	

HEALTH AND/OR MEDICAL CONDITION/S

Are any of the health issues below relevant to you? If so, please tick relevant box.

No long-standing illness or disability	
Visual (e.g. blindness or partial sight)	
Mobility issues (e.g. difficulty walking short distances, climbing stairs, lifting & carrying objects)	
Hearing (e.g. deafness or partial hearing)	
Difficulty learning, concentrating or remembering	
Mental health issues	

Stamina or breathing difficulty	
Social or behavioural issues (e.g. autism, attention deficit or Aspergers' Syndrome)	
Difficulty speaking or making yourself understood	
Dexterity difficulties (e.g. difficulty lifting, grasping or holding objects)	
Long-term pain or discomfort that is always present or reoccurs now and then	
Other long-standing illness or disability:	
Prefer not to say	

COACHING

Are you a coach?	Yes:	No:
If yes – how long have you been coaching?		
What is your coaching qualification or accreditation? (Please tick relevant box)		
Coach Bowls Member:	EBCS Member:	
Coach Bowls Level 1 Qualified:	EBCS Accreditation: L1: L2: L3:	
Coach Bowls Level 2 Qualified:		

GENERAL INFORMATION

How did you first hear about the club?	
What is the main reason you joined?	

What is your current or previous occupation?	
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By filling in this form you consent to being added to our mailing list to receive regular information about our club and activities. Your personal data will not be used for any commercial gain, passed onto any commercial providers or to any third- party organisation, outside of Bowls England, EIBA and/or Bowls Development Alliance.

**Please sign to confirm
you agree with the above:**