



IBSTOCK BOWLING CLUB

Founded 1929

'Friends on and off the green'

Membership Form

Health and/or Medical Condition/s:

Personal Details	
Name:	
Address:	
Postcode:	
Contact telephone number	
Email Address:	
Age:	Under 18 <input type="checkbox"/> 19 – 39 <input type="checkbox"/> 40 - 54 <input type="checkbox"/> 55 – 64 <input type="checkbox"/> 65 and over <input type="checkbox"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Next of kin/ Tel. No:	

Do you have any medical conditions or physical impairment that you think we need to know about? If so can you let us know.

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Do you have any dietary requirements we should be aware of, in respect of any catering? (e.g.Coeliac, Nut Allergy, Lactose Intolerance etc.)

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Have you played bowls before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes – How many years have you been playing?</i>	
<i>What positions have you played? (Tick all)</i>	Triples: Lead <input type="checkbox"/> No:2 <input type="checkbox"/> Skip <input type="checkbox"/> Rinks: Lead <input type="checkbox"/> No:2 <input type="checkbox"/> No: 3 <input type="checkbox"/> Skip <input type="checkbox"/>



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Are you a coach?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes – How long have you been coaching?</i>		
<i>Do you think of yourself as an active coach (Coaching a min of 30 minutes per week)?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your coaching qualification or accreditation? (Please tick the relevant box)		
Coach Bowls Member: <input type="checkbox"/>	EBCS Member: <input type="checkbox"/>	
Coach Bowls Level 1 Qualified: <input type="checkbox"/>	EBCS Accreditation: L1: <input type="checkbox"/>	L2: <input type="checkbox"/> L3: <input type="checkbox"/>
Coach Bowls Level 2 Qualified: <input type="checkbox"/>		

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How did you first hear about the club?	
What is the main reason you joined?	
What is your current or previous occupation?	

Type of membership purchased: (Delete as appropriate)	Full Member/Over 60s Member/Lady Member/New Bowler Member/Junior Member
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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 see our Data Protection Policy overleaf for more information.

Please sign to confirm you agree with the above: _____