



## Southern Viperc Membership and Consent Form

### Personal Details

Full Name	Nationality	Date of Birth
Address	Town	Post Code
Telephone	Mobile	Email Address

### Emergency Contact / Next of Kin

Full Name	Relationship	
Address	Town	Post Code
Telephone	Telephone work	Mobile

### Membership status

Member	Please tick
Full Membership	<input type="checkbox"/>
Student Membership (Full Time Education, Not Working)	<input type="checkbox"/>
Youth Membership (under 18)	<input type="checkbox"/>



## Medical / Injury Details

**Detail any medical conditions that we should be aware of and provide details of medication that must be administered:**

**Other comments:**

## Consent Form

1. Activities

- I agree to take part in the activities of the Southern Vipers Floorball Club
- I agree to my son/daughter taking part in the activities of the Southern Vipers Floorball Club.

2. Medical Conditions

- I confirm to the best of my knowledge that I do not suffer from any medical condition other than those listed above.
- I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those listed above.

3. I consent to my son/daughter travelling by any form of public transport, minibus or motor vehicle driven by Southern Vipers members or any other parent attending, to any event in which the club is participating.

4. I understand that the Organisers accept no responsibility for loss, damage or injury caused by or during attendance on any of the clubs organised activities except where such loss, damage or injury can be shown to result directly from the negligence of the Organisers.

5. I consent to photographs and DVD taken by authorised photographer at events and used in promotion of the Southern Vipers.

## Signature

**Signed**

**Date**

**Parent/Guardian Name (if under 18)**

**Signed**

**Date**