BRISTOL FALCONS BADMINTON CLUB – MEMBERSHIP REQUESTv2  * GDPR details required to be registered with Badminton England		
*NAME		BOY / GIRL
*SURNAME / FAMILY NAME		
*DATE OF BIRTH		
*ADDRESS		
*PARENT / CARER (JUNIORS)		
*TEL. / EMERGENCY TEL.		
*E-MAIL		
MEDICAL NOTES  any regular medication/permanent conditions		
PERMISSION TO TRAVEL / TAKE PHOTOS  ightharpoonup	TRAVEL YES / NO (I give permission for travel to venues with a responsible adult)	PHOTOS YES / NO (I give permission for photos to be taken for the club and website publicity)
Where did you hear about us?		
SIGNATURE of PARENT / CARER OR SENIOR PLAYER I agree to the club codes of conduct and pay the club fees		DATE

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*E-MAIL		
MEDICAL NOTES  • any regular medication/permanent conditions		
PERMISSION TO TRAVEL / TAKE PHOTOS  • juniors only	TRAVEL YES / NO (I give permission for travel to venues with a responsible adult)	PHOTOS YES / NO (I give permission for photos to be taken for the club and website publicity)
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