

Seer Green Skippers

MEMBERSHIP APPLICATION FORM

Please fill in your details and submit to Seer Green Skippers with the membership fee of £20.

Surname	
Forenames	
Address	
Date of birth	
Telephone number	
E-mail address	
Name of Parent/Guardian	
Emergency contact names and numbers	1 2 3
Medical conditions	
Name, address and telephone number of Doctor	

Your authority to administer emergency treatment by a first aider / doctor / hospital in the absence of Parent / Guardian

Parent / Guardian Signature.....

I do give / do NOT give permission for photographs of the child named above to be included on the club website.

Parent / Guardian Signature.....

Date.....