



Horfield Korfball Club

Member Registration Form

Fields marked with * are required to register you as a member of Horfield Korfball Club on Fixtures Live.

By completing this registration form you are giving your consent for your data to be used to register you as a member of the club on Fixtures Live and according to the details laid out in the club's Data Protection Policy. If any of these details change or you no longer wish to be a member of the club, it is your responsibility to notify the Secretary of Horfield Korfball Club.

Title: _____ *First Name: _____ *Surname: _____

*Gender: Male / Female Date of Birth: _____

*County of Birth: _____ *Nationality: _____

Address: _____

(City) _____

(County) _____

(Postcode) _____

Home Tel: _____ Mobile: _____

*Email: _____

*Are you in full time Education: Y / N *If YES – Name of your Institution: _____

Emergency Contact: Name: _____ Tel. No: _____

Medical Disclosure: *Please give details of any medical conditions you feel would be appropriate or useful for the club's coach to be aware of. This is a voluntary declaration and it is not essential to your membership.*

***Please complete the following tick boxes and sign this form to confirm that you have:**

- read and received a copy of the Horfield Korfball Club's Code of Conduct
- read and received a copy of the Horfield Korfball Club's Safeguarding Policy

Signed: _____ Date: _____