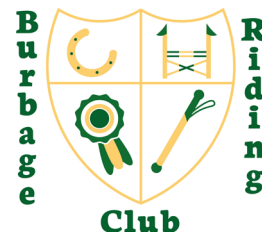


BURBAGE RIDING CLUB MEMBERSHIP APPLICATION FORM 2020



TITLE:- _____ FORENAME _____
 SURNAME _____
 DATE OF BIRTH _____ AGE AT 1/1/2020 _____
 ADDRESS:- _____

 POSTCODE _____

TEL / MOBILE _____ EMAIL _____

To receive future club information please indicate your contact preferences here:- Post Email
 SMS Phone

MEMBERSHIP TYPE:-

JUNIOR **SENIOR (18yrs & over)**

ASSOCIATE

(parent/guardian or other non-competitive members)

Full Membership Junior / Senior - £23

Associate - £5

Emergency Contact Details

Please give the name and telephone number of the person you wish us to contact in case of an emergency

Name:	
Telephone:	
Relationship to member:	

Relevant Medical Information

Please let us know if you have any pre-existing illnesses or allergies which may assist firstaiders in case of accident or emergencies.

WE MAY USE PHOTO'S &/OR VIDEOS FROM EVENTS ON SOCIAL MEDIA, WEBSITE AND REPORTS IN THE LOCAL PRESS AND PROMOTIONAL MATERIALS.

IF YOU **DO NOT** WANT YOUR PHOTO'S TO BE USED, PLEASE TICK HERE:

BURBAGE RIDING CLUB IS AFFILIATED WITH BRITISH RIDING CLUBS. AS SUCH, MEMBERS ARE COVERED BY THIRD PARTY INSURANCE WHILE PARTICIPATING IN OUR EVENTS.

MEMBERSHIP IS SUBJECT TO COMMITTEE APPROVAL.

ALL MEMBERS MUST ADHERE TO THE CLUBS RULES AND CONSTITUTION.

(Available on the club website - www.burbageridingclub.com)

FOR DATA PROTECTION THE CONTENTS OF THIS FORM WILL NOT BE DISCLOSED TO ANYONE OTHER THAN BRITISH RIDING CLUBS, LOCAL AUTHORITIES AND EMERGENCY SERVICES

ORGANISERS, COMPETITORS, SPECTATORS AND MEMBERS PARTICIPATE ENTIRELY AT THEIR OWN RISK.

I HEREBY DECLARE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE

Signed _____ Date:- _____ SIGNATURE OF PARENT / GUARDIAN IF APPLICANT IS UNDER 18 YRS

OFFICIAL CLUB USE:-

MEMBERSHIP NUMBER:- _____

DATE SUBMITTED TO BRITISH RIDING CLUBS:- _____