

The Grange Club

MEMBERSHIP APPLICATION AGE 16-17

(at date of application)

I apply to join The Grange Club

Name.....

Address.....

.....Post Code.....

E-mail address.....Date of Birth.....

Emergency Contact and Phone Number.....

.....

Parent/Guardian E-mail address.....

Pre-existing Medical Condition (if appropriate).....

Regular Medication (if appropriate).....

Please tick as appropriate:

Hockey.....Cricket.....Tennis.....Squash.....

Subscription (please tick as appropriate)

One Sport £155.....Two Sports £155.....

Three Sports £185.....Four Sports £195.....

Signature.....Member

Date of Application.....

- I agree that my child may receive appropriate First Aid attention if required.
- I consent/ do not consent to my child being photographed or videoed for Club purposes.
- I consent / do not consent to my child being transported by persons representing The Grange Club or one of its individual Sections for the purposes of taking part in Grange Club sporting events.

Signature.....Parent/Guardian

Please make cheques payable to The Grange Club and send with the completed form to:

The Membership Secretary, The Grange Club, Portgower Place, Edinburgh EH4 1HQ

0131 332 2148

www.thegrangeclub.com

Sept 2016