



**NORTHERN IRELAND TENPIN BOWLING FEDERATION
APPLICATION FOR MEMBERSHIP 2013-14**

Thank you for applying to join the Northern Ireland Tenpin Bowling Federation. This form can be downloaded from our website (<http://www.nitbf.org.uk>)

Please complete this form and return it with the appropriate membership fee to **Bertha Campbell (41 Forest Hill, Conlig, BT23 7FH)**. Bowlers in Londonderry can give their form to **Allen Sinton (12 Henderson Park, Londonderry, BT47 6US)**.

After the acceptance of your application you will receive a membership card which is valid for the 2013/2014 season. You may be asked to produce this card at tournaments, competitions and leagues within Northern Ireland and in other events staged outside Northern Ireland. If you have any queries please contact the NITBF via contact@nitbf.org.uk

NAME

ADDRESS

.....

POSTCODE

DATE OF BIRTH (Treated confidentially)

SIGNATURE:

PLEASE NOTE IF THE APPLICANT IS UNDER 18 A PARENT/GUARDIAN IS REQUIRED TO COMPLETE THE INFORMATION OVER LEAF.

Membership categories (please circle the level you require):

- | | |
|--|--------|
| • Junior (aged 12-19, under 12's membership is free of charge) | £5.00 |
| • Standard membership (includes International Licence) | £30.00 |
| • Senior Card membership (includes International Licence) | £25.00 |
| • League Membership (does not include International Licence) | £15.00 |
| • One-off International Licence (valid for one event) | £5.00 |

Make cheques payable to NITBF

Renewal date is 1st October 2013

PARENT/GUARDIAN CONSENT SECTION

Emergency Contact person and Telephone Numbers	Name Tel: Relationship to child
If unavailable contact	Name Tel Relationship to child
GP/ Doctor's Name	
GP / Doctor's Tel No	
Details of any known special dietary requirement / allergies / medical conditions	
Any other special needs, requirements, directions, that would be helpful for the coaches to know about	

I will inform the leaders/coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the previously named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

NITBF is committed to ensuring that any information gathered in relation to our members meets the specific responsibilities as set out in the Data Protection Act 1998.

NITBF will store the above information on their data base for a maximum of 12 months before re-registering the player if still associated with the federation.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

Signature of Parent / Guardian

Print Name

Date

(This consent form will remain valid for 1 year)