



### APPLICATION FOR MEMBERSHIP 2016/2017

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 **Joe Littlewood (48 Earlswood Road, Belfast, BT4 3DZ)**.

After the acceptance of your application you will receive a membership card which is valid for the 2016/2017 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](mailto: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) £10.00
- Adult membership £30.00
- Senior membership (Over 50s) £25.00
- League membership £15.00

**Make cheques payable to NITBF**

**Renewal date is 1<sup>st</sup> October 2016**

# NITBF

[contact@nitbf.org.uk](mailto:contact@nitbf.org.uk)

Recognised as the governing body for Tenpin Bowling by the Sports Council for Northern Ireland  
Member of the Federation Internationale des Quilleurs/World Tenpin Bowling Association  
Affiliated to the UK governing body for Tenpin Bowling - BTBA  
Corporate member of NI Institute of Coaching



## Parental/Guardian Consent Section

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

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)

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