

# Coaching Registration Form 2024



Personal Details. (Please complete whole form)			
Name:			
Date of Birth:		Gender:	
Address:		Postcode:	
Email:		Tel. No.	

Medical questionnaire (Circle appropriate answer)		
Are there any medical conditions of which the coaches should be made aware?	Y	N
Are you currently taking any medication of which the coaches should be made aware?	Y	N
Do you have any joint or other problems that you are aware of that could affect your ability to bend or other actions required in bowling?	Y	N

Emergency Contact:			
Name:		Relationship to yourself:	
Tel. No.		Mobile No.	
Address		Parent/Guardian signature:	

Performance and Goals.				
In the space provided please tick your current levels of experience within bowls.				
Novice	<input type="checkbox"/>	Some experience	<input type="checkbox"/>	Played at other club(s), name them.
In the space provided please indicate what you wish to achieve from your bowls coaching.				

Declaration / Data Protection Notice:
<ul style="list-style-type: none"> <li>I have no objection to the above details being kept on a computer. The information will only be used for matters pertaining to Haydon Wick Bowls Club and under the Data Protection Act, 1988 will not be supplied to any third party or organisation apart from Bowls England, Wiltshire Bowls Association and Swindon &amp; District Bowls Association if required.</li> <li>I can confirm to the best of my knowledge that all the information provided is correct at the time of completion and I understand that if anything changes I must inform the coaches.</li> <li>I understand that the coaching is free on a Monday evening for one year and during this period I am registered as a temporary club member and as such agree to abide by the club rules.</li> </ul> <p><b>By signing below, I agree to all the above.</b></p>

Name:		Signature:		Date:	
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