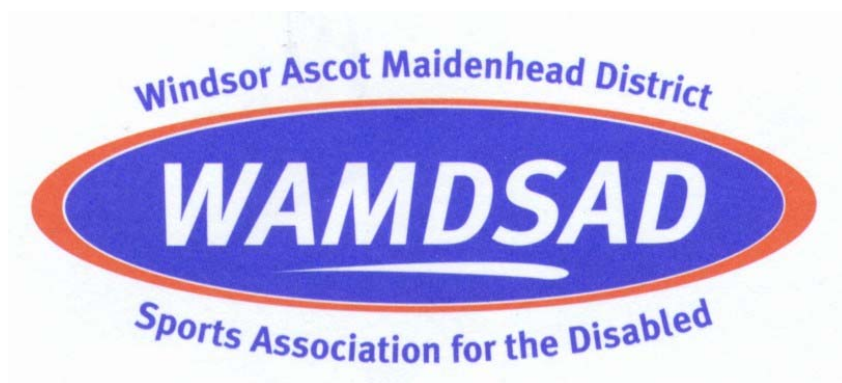




APPLICATION FOR MEMBERSHIP

Thank you for applying for membership of WAMDSAD. Would you please complete the details below and if applicable the section overleaf, then return the form with the appropriate fee to the Administrator, WAMDSAD, Braywick Sports Ground, Maidenhead, SL6 1BN. Your application will be dealt with shortly.

Section A (Please Print)

Title: Mr/Mrs/Miss/Ms **Surname**..... **First Name(s)**.....

Address:.....

..... **Post Code**.....

Telephone Number:..... **Date of Birth:**.....

Email:..... **Sport:**.....

Please Tick fees paid:

Membership Fee: **Adult** £10.00 ☐ **Junior** £ 1.00 ☐

Section B (overleaf)

Applicants with disabilities please complete.

I apply for membership of WAMDSAD and if elected agree to abide by the Rules of the Club.

Signature.....

Date.....

Section B

Disabled Applicants Only

Medical Certificate

Please note that WAMDSAD reserves the right to refuse membership on medical grounds, or to suspend and/or cancel membership if there are changes in medical conditions.

Clinical Diagnosis:

Disability:.....

D.S.E. Profile Number or classification, if known.....

Any other relevant factors (e.g.) Haemophilia, Heart Disease, Epilepsy, Diabetes):

.....

.....

Section C

ALL APPLICANTS SHOULD NOTE:

Except in respect of death or personal injury caused by the negligence of WAMDSAD or any officer of WAMDSAD acting as such, neither WAMDSAD nor any such officer shall be liable for the death of, personal injury to or financial loss suffered by, any member of WAMDSAD arising out of or in connection with any activity or event organised or carried on by WAMDSAD either alone or in co-operation with any organisation, and participation in any such activity or event shall be entirely at the members' own risk.

Please note that WAMDSAD reserve the right to refuse applications for membership. The information you provide will be sorted on a computer database to be used for Club purposes only.

Signed.....

Date.....