



Thornbury Pickleball Club

Membership Application Form

Please print your responses

Name	
Address	
	Postcode
Telephone	
Mobile Phone	
email	
Emergency contact Name	
Emergency contact Phone	
Emergency contact Relationship	

I have read and agree to the club's current constitution, conduct and etiquette policy and safety guidance. I do not have any medical reasons that prevent me from playing pickleball, if I develop any medical reasons that make me unfit to play Pickleball, then I will not play.

I agree to my data being held by Thornbury Pickleball Club in accordance with the Data Protection Act 2018.

Signed

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Date

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