



MEMBERSHIP FORM

Meriden Community Centre,
Garsmouth Way, Watford, Hertfordshire, WD25 9ET

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PLEASE NOTE: ALL SECTIONS **MUST** BE COMPLETED AND IN BLOCK CAPITALS

FOR OFFICE USE ONLY

MEMBERSHIP NO:

GYM MEMBER: Y / N

PAR-Q FORM: Y / N

ADDED TO VIEWS: Y / N

COMPLETED BY:

PERSONAL DETAILS

TITLE:			
FIRST NAME:			
SURNAME:			
GENDER:	MALE		FEMALE
ADDRESS:			
POSTCODE:			
DATE OF BIRTH:			
NAME OF SCHOOL:			

CONTACT DETAILS

DAYTIME TEL NO:		EVENING TEL NO:	
MOBILE NO:			
E-MAIL:			
EMERGENCY CONTACT / NEXT OF KIN:	IN THE EVENT OF AN EMERGENCY, WHAT IS THE NAME OF THE PERSON WE SHOULD CONTACT?		
	WHAT IS THEIR CONTACT NUMBER?		
	WHAT IS THEIR RELATIONSHIP TO YOU?		
WHICH OF OUR FACILITIES WILL YOU BE INTERESTED IN USING? PLEASE MARK 'X' TO ALL THAT APPLY	FOOTBALL		
	GYM		
	OVER 50s ACTIVITIES		
	YOUTH CLUB (AGES 11-18)		
	MULTI-SPORTS		
	TABLE TENNIS		
	CHILDREN'S ACTIVITIES		
OTHER:			



MEMBERSHIP FORM

EQUAL OPPORTUNITIES MONITORING

IN ORDER TO ENSURE WE ACHIEVE A BALANCE OF MEMBERS FROM DIFFERENT COMMUNITIES WE WOULD APPRECIATE YOU COMPLETING THIS MONITORING INFORMATION FOR US

ETHNIC BACKGROUND

PLEASE CHOOSE ONE CATEGORY FROM A TO E AND THEN PLEASE MARK 'X' IN THE APPROPRIATE BOX TO INDICATE YOUR ETHNIC BACKGROUND

A: WHITE		B: MIXED		C: ASIAN OR ASIAN BRITISH	
<input type="checkbox"/>	WHITE	<input type="checkbox"/>	WHITE & BLACK CARIBBEAN	<input type="checkbox"/>	INDIAN
<input type="checkbox"/>	IRISH	<input type="checkbox"/>	WHITE & BLACK AFRICAN	<input type="checkbox"/>	PAKISTANI
<input type="checkbox"/>	SCOTTISH	<input type="checkbox"/>	WHITE & ASIAN	<input type="checkbox"/>	BANGLADESHI
<input type="checkbox"/>	WELSH	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	OTHER	<input type="checkbox"/>		<input type="checkbox"/>	

D: BLACK OR BLACK BRITISH		E: CHINESE OR OTHER ETHNIC GROUP	
<input type="checkbox"/>	CARIBBEAN	<input type="checkbox"/>	CHINESE
<input type="checkbox"/>	AFRICAN	<input type="checkbox"/>	OTHER
<input type="checkbox"/>	OTHER	<input type="checkbox"/>	

DISABILITY

DO YOU CONSIDER YOURSELF TO BE A DISABLED PERSON? YES NO

IF YOU HAVE INDICATED YES, PLEASE MARK 'X' IN ALL BOXES THAT APPLY TO YOU:

<input type="checkbox"/>	VISUAL IMPAIRMENT	<input type="checkbox"/>	MENTAL HEALTH ISSUES
<input type="checkbox"/>	HEARING IMPAIRMENT	<input type="checkbox"/>	LEARNING DISABILITY / DIFFICULTY
<input type="checkbox"/>	PHYSICAL IMPAIRMENT	<input type="checkbox"/>	

RELIGION

<input type="checkbox"/>	CHRISTIAN (INCLUDING CHURCH OF ENGLAND, CATHOLIC, PROTESTANT AND ALL OTHER CHRISTIAN DENOMINATIONS		
<input type="checkbox"/>	BUDDHIST	<input type="checkbox"/>	HINDU
<input type="checkbox"/>	JEWISH	<input type="checkbox"/>	MUSLIM
<input type="checkbox"/>	SIKH	<input type="checkbox"/>	NONE
<input type="checkbox"/>	ANY OTHER RELIGION E.G. RASTAFARI (PLEASE STATE):		

WOULD YOU LIKE TO RECEIVE ANY DIRECT MARKETING RELATING TO THE WATFORD FC CSE TRUST?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
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PHOTOGRAPHS/VIDEO IMAGES MAY BE TAKEN DURING THE SESSION FOR PUBLICITY & MONITORING PURPOSES. PLEASE TICK THIS BOX IF YOU DO NOT WANT PHOTOGRAPHS/VIDEO IMAGES TO BE TAKEN OF YOU.

Watford FC CSE Trust will not pass on your details to any 3rd parties. All your information is confidential and stored securely.

SIGNED _____

DATE _____

FOR OFFICE USE ONLY

DATE _____