

# CONTACT INFORMATION

## NORWICH SPIKERS

As part of the registration process this form should be completed and returned by all members. If the competitor is under the age of 18 this form should be completed and returned by a Parent/Guardian but also signed by the competitor.

SURNAME		FIRST NAME	
ADDRESS		TEL. NO(S)	
		EMAIL	
POSTCODE		D.O.B	
Name of Parent/Guardian(s)			
Emergency contact tel. no(s)			

Doctors Name	
Address	
Tel. No	

Please give details below of ALL medication currently being taken along with any special dietary requirements and/or injuries the coach should be aware of (continuing on a separate sheet if necessary and attach sheet to this form)

Signature of Competitor
If under 18 years of age Signature of Parent/Guardian
Date

By signing this form I agree (or my parent/guardian agrees) to adhere to the rules and regulations of the Norwich Spikers Volleyball Club – a copy of which can be found either on the website or by asking one of the club officials.

By becoming a member of Norwich Spikers you consent to receiving further relevant information from the club. We will not pass on your details to third parties and you may opt out of receiving communications at any time by contacting [amruddock@googlemail.com](mailto:amruddock@googlemail.com).

I attach my payment of £28 representing the membership fee.