



**Surname:** ..... **First Name:** .....

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

**Telephone Numbers:** Home: .....

**Mobile:** .....

**E-mail Address:** .....

**Age Range:** It would be helpful to have an indication of your age.

**Under 25** ☐ **25/40** ☐ **40/50** ☐ **50/65** ☐ **Over 65** ☐

**Disability:** The Disability Discrimination Act 1995 defines a disabled person as anyone with a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities. If you consider yourself to have a disability, please record the detail of it overleaf.

**Bowling Experience:** Please give details of any previous bowling experience or clubs.

I wish to apply for **Full £40** ☐ (**Pair £70**) ☐ **Junior £10** ☐ **Social £5** ☐ Membership of Haughley P.F. Bowls Club. **B.E. affiliation £10**  
**50/50 Club £24 per number for 12 months** **Total** \_\_\_\_\_

**You can pay by using the Clubs bank account. Details below**

I consent to the information on this form relating to address, phone numbers and email being shared with other club members and with other Bowls Clubs, Associations and Governing Bodies where necessary as a condition of membership or competition entry.

I recognise the club may communicate with me by post, telephone Whats App and Email.

Signed..... Date.....

Please return to: Peter Mead, Chalfont, Brookehouse Road, Cotton. IP14 4QS

Email: [petereemead@gmail.com](mailto:petereemead@gmail.com)

Website: [www.haughleybowlsclub.co.uk](http://www.haughleybowlsclub.co.uk)

Bank Details for online banking    sort code 40-43-37    a/c 11434659

## Membership Application Form - Part 2

### Health Profile

**Name:** .....

### Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability?                      Yes    ☐                      No    ☐

If yes, what is the nature of your disability:

Visual impairment    ☐

Hearing impairment    ☐

Physical disability    ☐

Learning disability    ☐

Multiple disabilities    ☐

Other (please specify) .....

### Medical information

Please detail below any important medical information that the Club should be aware of (e.g. epilepsy, asthma, diabetes etc.)

.....  
.....  
.....

### Emergency contact details :

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name and relationship .....

Emergency contact number .....

Note: Information entered on this page is not a condition of membership.

## HAUGHLEY PLAYING FIELD BOWLS CLUB

### Outdoor Playing Selection Availability Form 2025/6 Season

Name \_\_\_\_\_

To assist the captains and vice captains with team selection, would you please indicate your daily playing preferences by **circling** the '**YES**' on the afternoons or evening you are willing to have your name put forward for selection during the forthcoming 2024/5 season.

Matches are evenings unless otherwise stated. Afternoon games start at 2.00pm.

If you are definitely **unavailable**. Please circle '**NO**'. But if you are willing to help out occasionally on a particular day, maybe not always on a regular basis please circle '**POS**'.

The choice of your desired day **does not mean an automatic team selection**, but will give the team selectors an indication of those people and numbers available for each of the teams.

Please always remember that team selection will on every occasion be at the discretion of the team captains and vice captains.

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PLEASE COMPLETE **ALL** DAYS - ANY OMMISIONS **WILL BE** REGARDED AS A **NO**  
Please indicate by **circling** either **YES / NO / POS**( even if only occasionally if required)

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<b>MONDAY</b>	<b>AFTERNOON</b>	YES	NO	POS
<b>MONDAY</b>	<b>EVENING</b>	YES	NO	POS
<b>TUESDAY</b>	<b>AFTERNOON</b>	YES	NO	POS
<b>TUESDAY</b>	<b>EVENING</b>	YES	NO	POS
<b>WEDNESDAY</b>	<b>EVENING</b>	YES	NO	POS
<b>WEDNESDAY</b>	BOWLS ENGLAND TRIPLES LEAGUE (NOTE ADDITIONAL FEE OF £10 IS REQUIRED FOR REGISTRATION TO B.E.)	YES	NO	POS
<b>THURSDAY</b>	<b>EVENING</b>	YES	NO	POS
<b>FRIDAY</b>	<b>EVENING</b>	YES	NO	YES

PLEASE INDICATE WHAT POSITION YOU PREFER TO PLAY THIS IS A REFERENCE FOR CAPTAINS

LEAD ..... SECOND ..... SKIP ..... NO PREFERENCE ..... (PLEASE TICK)

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**PLEASE COMPLETE AND RETURN FORM BACK WITH MEMBERSHIP APPLICATION**

**HAUGHLEY PLAYING FIELD BOWLS CLUB**

**VOLUNTARY DISCLOSURE DECLARATION**

This form **must be completed** by all new member applicants over the age of 18 years who wish to join the Haughley Playing Field Bowls Club.

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1. Have you ever been subject to a disciplinary action or sanction relating to the abuse of children or other vulnerable people (e.g. disabled) \*Yes                      \*No  
If yes state nature and date (s) of the offences.

.....  
.....

2. Are you listed on the sexual offenders register. \* Yes                      \*No  
If yes please give details.

.....  
.....

(please use separate sheet if necessary)

\* please delete as necessary

Please be aware if you answer yes to any of the above questions, your application for membership may not be accepted.

You are required to self certify, by signing below that you are not known to any Police or Social Service Department as being an actual risk to children, and that you are not disqualified or prohibited from having contact with children and the vulnerable.

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We reserve the right to refer your details for verification to the Criminal Records Bureaux/Police/Social Service.

You are further required to notify the Club Secretary within seven days of any criminal conviction or registration as listed in 1 and 2 above.

Signed ..... Date .....

Print full name ..... Date of birth .....  
(please use block capitals)

Please note :- This declaration will be kept in a secure place and only available to the Club Secretary and the child protection officers of the club and will be destroyed when your membership is relinquished.

Please complete the attached voluntary disclosure form **(if you fail to complete the form your membership for the Haughley Playing Field Bowls Club will not be accepted)**. Further, should at some time in the future, you become registered on the Sexual Offenders Register then you must notify the club Secretary immediately, and your membership will be withdrawn.