

## Zurkhaneh Membership Application Form

### Personal Details:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Tel #: \_\_\_\_\_

Alternate Tel #: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Medical/ Injury Details:

Do you have any medical conditions/ allergies that we should be aware of?

\_\_\_\_\_

Do you require daily medication?

\_\_\_\_\_

Please provide details of medication that must be administered:

\_\_\_\_\_

Do you have any past or current injuries that we should be aware of?

\_\_\_\_\_

If yes, please provide further details:

\_\_\_\_\_

These details will be shared with the coach, team manager, and appropriate club staff) If you approve, please sign below.

Signature : \_\_\_\_\_

Are you able to travel with the team?

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Are you able to travel to other Countries?

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Do you have a valid Passport or Proof of Citizenship?

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**Emergency Contacts:**

Name: .....

Address: .....

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.....

.....  
Postcode: .....

Relationship: .....

Tel (h): .....

Tel (w): .....

Signed: ..... Date: .....

**For members under 18:**

Parent or Guardian Name (Please Print):

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Signed: .....

Date: .....

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