

## Annexure to Membership Application

I, ..... the undersigned, undertake that, should I be accepted as a member of Jeffreys Bay Bowling Club

1. I agree to abide by the Constitution and Laws & Regulations of the Club;
2. I agree to abide by the provisions of the Club in respect of practice and playing times;
3. I agree to accept my grading as decided by the Selection Committee, and declare that I will play in any team position for which I am selected;
4. I agree to abide by the prescribed dress-code rules;
5. I agree to abide by the etiquette rules of Bowls at all times;
6. I agree to participate in social games of Bowls on social days of the club over an extended period of time;
7. As a male member of the Club, I will make myself available to assist with bar duties, tabs office duties or green duties, or to assist with any other tasks that might be requested by management;
8. As a female member, I will make myself available to assist with kitchen duties, tabs office duties or bar duties (if preferred), or to assist with any other tasks that might be requested by management.

Signed on the ..... day of ..... 20.. Signed: .....

**Optional information – only complete this if you feel it is necessary.**

Please complete the form below – place an X in the squares where it is applicable – and X means YES. This information will be kept securely and will only be used should it happen that you collapse at the Club. Hopefully it will enable any medical response to be the proper one and thus speed up recovery.

<b>JEFFREYS BAY BOWLING CLUB EMERGENCY MEDICAL INFORMATION</b>			
Surname & First Name:.....	ID No .....		
Emergency Contacts: Name (Relationship)	Phone Nos.		
1.....			
2.....			
Doctor:.....	Phone No:.....		
<b>MEDICAL CONDITIONS:</b>			
DIABETIC	<input type="checkbox"/>	ON INSULIN	<input type="checkbox"/>
		TABLETS	<input type="checkbox"/>
BLOOD PRESSURE		HIGH	<input type="checkbox"/>
		LOW	<input type="checkbox"/>
HEART CONDITION	<input type="checkbox"/>	PACEMAKER	<input type="checkbox"/>
ASTHMA	<input type="checkbox"/>	EMPHYSEMA	<input type="checkbox"/>
Allergies (List): .....			
Medical Aid Name: .....		M/Ship No: .....	
Ambulance Preference:	PRIVATE <input type="checkbox"/>	STATE	<input type="checkbox"/>