

**MEMBERSHIP/ANNUAL DISCLAIMER YOUNG PERSON UNDER 16**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Please give details of any medical conditions/ allergies/ regularly prescribed medication/any other relevant information: \_\_\_\_\_

**Parent/Guardian**

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

Emergency contact numbers:

(1) \_\_\_\_\_ Home/work/mobile/other

(2) \_\_\_\_\_ Home/work/mobile/other

(3) \_\_\_\_\_ Home/work/mobile/other

We have read the disclaimer and rules (copy attached) and understand them. We agree to abide by the rules. We will notify Out To Grass in writing of any change in contact details or medical information.

*Delete if not required:* The parent/guardian gives his/her consent for the young person named above to ride at Out To Grass during 2008 and accepts the terms of the disclaimer. The young person will sign a disclaimer on each visit to Out To Grass and this will imply parental consent.

Signed (Young person): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Ian or Iszi only		
Team <input type="checkbox"/>	Free entry <input type="checkbox"/>	£5 day entry <input type="checkbox"/>
Reason: _____		

**Own Board Member:**

Paid £20

Free with Board Purchase

Other

Hire and Ride member: Paid £20 \_\_\_\_\_ (Date/Initials)

Please complete box on each visit (STAFF INITIALS/DATE)

VISIT 1	VISIT 2	VISIT 3	VISIT 4	VISIT 5	VISIT 6 (Free)
VISIT 7	VISIT 8	VISIT 9	VISIT 10	VISIT 11	VISIT 12 (Free)
VISIT 13	VISIT 14	VISIT 15	VISIT 16	VISIT 17	VISIT 18 (Free)