

ARENA AIRSOFT MEMBERSHIP FORM UNDER 18'S

Name		AAA #		
AGE		M / F	UKARA #	
DOB				
HOUSE			PHOTO	
STREET				
TOWN				
POST CODE				
HOME TEL				
MOBILE				
Email				
EMERGENCY CONTACT				
ID USED TO VERIFY				
ID# (eg passport no.)				
Date Joined		Membership type		
Amount paid				
I agree to abide by the rules and conditions of Arena Airsoft Ltd.				
Signed CHILD				
Staff Signature/witness			date	
<p>I _____ confirm that I am the legal guardian of the above child and that I agree</p> <p>that _____ may join as a member of the Arena Airsoft Club. I also confirm that I have read the rules and conditions of the club and that I am happy for my child to take part in the air soft games. I confirm that I understand the dangers of the sport and that I must provide a valid emergency contact. In the event of an accident I confirm that Arena Airsoft may administer first aid and if required send my child to a hospital.</p>				
Parent Signature				