



Muirmill Equestrian Club

SC044371

Membership Application Form 2024

For Office Use

Please complete the details below and send to the office enclosing your payment.
Please note that we DO NOT pass on information to third parties.

Please complete in block capitals

FAMILY ANNUAL MEMBERSHIP

Title	Forenames	Surname	Age on 01/01/2021 (If under 18)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Telephone

Telephone

e-mail

Parental Consent – (Applicants aged over 18 may sign for themselves)

We would like those listed above to be enrolled in The Muirmill Equestrian Club. We agree to our son/daughter/ward/myself taking part in Club activities and understand that riding is a risk sport. We agree that they/we will be bound by the Rules of The Muirmill Equestrian Club and that neither we nor they will hold the Club liable for any personal injury to the Members or injury to their ponies or loss or damage to any of their equipment. If emergency medical/dental or veterinary treatment is required in my absence, we authorise the appointed Club official to obtain such treatment as they reasonably consider necessary.

Signed: _____

Date _____