

**CSA CLUBS/SOCIETY  
MEMBERSHIP FORM 2014/2015  
PLEASE WRITE CLEARLY IN CAPITAL LETTERS**



**CRANFIELD ISLAMIC SOCIETY**

**Please circle: STUDENT STAFF/PARTNER EXTERNAL/OTHER**

**First Name :**

**Family Name/ Surname :**

**Term time Address :**

**Mobile number :**

**e-mail:**

**Do you have any medical condition or previous injury which may affect your ability to participate in club/society activities i.e. asthma, epilepsy, any allergies, previous injury?**

Please make activity/ trip leaders aware of this information together with arrangements such as the need for spare medication.

**I understand that it is my responsibility:**

- 1 to inform the committee of any changes to the above information.**
- 1 to recognise and accept the inherent risk of injury or death associated with the activities.**
- 1 to be responsible for my own safety and safety of other participants.**
- 1 to make my next of kin aware of my participation in the above club/society.**

**Signature:**

**Date:**

Data Protection

The above information will only be used for the safe & effective management of clubs and societies activities.

**CSA ONLY**

**Membership fee received**

**Date:**