



Junior Membership Form (2018-2019)

Name	
Address	
Postcode	
Home tel	
Mobile (of parent/carer)	
Email (of parent/carer)	
DOB	

Medical Information

Please detail below any important medical information that our coaches/Junior Coordinator should be aware of (eg. epilepsy, asthma, diabetes etc)

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Emergency contact details

Please insert the information below to indicate the person(s) who should be contacted in the event of an incident/accident.

Contact name e.g. Parent/Carer	
Emergency contact no.	

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Emergency contact no.	

By returning this completed form, I agree to my son/daughter/children in my care taking part in the activities of the club.

I understand that in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of Parent/Carer	
Signature	
Date	

