



Junior Membership Form

Contact Information

Name:

Address:

Postcode:

Home Tel no:

Mobile (of parent/carer)

Email (of parent/carer)

DOB

Membership Type

Membership	Description	Tick
Student (U18)	Full time student playing senior matches	
Junior (U18)	Junior (U18) playing junior matches only	

Please tick the box that best describes your ethnicity

White British	Asian or Asian British – Pakistani
White Irish	Asian or Asian British – Bangladeshi



White Other	Asian or Asian British – Other
Mixed – White and Black Caribbean	Black or Black British – Caribbean
Mixed – White and Black Asian	Black or Black British – African
Mixed – White and Black African	Black or Black British – Other
Mixed – Other	Chinese
Asian or Asian British - Indian	Other Ethnic Group

Medical Information

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

Emergency contact details

To be completed by the parent/carer

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

Contact name:

Emergency contact no.

Contact name:

Emergency contact no.



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

I understand 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:

Please return this form to *Ellen McVicar Junior Team Coach Manager or Chris Grimes Club Head Coach*