

PLEASE NOTE THAT THIS FORM MUST BE COMPLETED AND SIGNED BY A PARENT OR GUARDIAN IMMEDIATELY AND RETURNED ONE WEEK AFTER YOUR FIRST TRAINING SESSION – FAILURE TO DO SO MAY LEAD TO YOU BEING UNABLE TO TRAIN.

SOUTHWELL BRINCLIFFE LADIES HOCKEY CLUB

JUNIOR MEMBERSHIP FORM

We are very pleased to welcome you to Southwell Brincliffe Ladies Hockey Club

To ensure that we have the correct contact details for you, please insert the information requested below and return this form immediately. If you are under 16 please also ask your parents or guardian to sign this form before it is returned.

We will also use this information to ensure that you are kept informed about club events.

Personal details

Name :

Address :

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Postcode :

Home telephone number :

Mobile :

e-mail :

Date of birth :

Medical information

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

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Emergency contact details

To be completed by parent/carer

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

Contact name (e.g. parent/carer) :

Emergency contact number :

2nd Emergency contact number :

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

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand that in the event of any 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 of parent/carer : Date :