

MEMBERSHIP FORM 2013/14



We are very pleased to welcome you to EDINBURGH CAPITAL LACROSSE CLUB.

To ensure we have the correct contact details for you, please fill out this form, sign and give it back to Caroline McLuckie or email to edinburghcapitalax@gmail.com

If you are under 16, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Name:

Address:

Postcode:

Home telephone number: _____

Mobile*: _____

Email*: _____

Date of Birth: _____

*For a child/young person under 16 years old these details should be those of the parent/carers unless agreed by parent/carers.

Payment preference:

- £120 adult full season (£5 off if you pay full subs in Sept)
- £80 students/unemployed (£5 off if you pay full subs in Sept)
- Pay as you go option: £5 (£3) per outdoor session, £4 (£2) per indoor session, £2 match fee per match, £25 one off registration payment. *(Student/Unemployed in brackets)*

While it is not compulsory that the following section it is useful to ensure inclusion in all groups of society.

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A. White

- British
- Irish
- Scottish
- Any other white background (please specify)

B. Mixed

- White & Black Caribbean
- White & Asian
- White & Black African
- Any other mixed background (please specify)

C. Asian or Asian British

- Indian
 - Pakistani
 - Bangladeshi
 - Any other Asian background (please specify)
-

D. Black or Black British

- Caribbean
 - African
 - Any other Black background (please specify)
-

E. Chinese or other ethnic group

- Chinese
 - Any other (please specify)
-

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Please detail below any important medical information that our coaches should be aware of

- Visual impairment
- Hearing impairment
- Physical disability
- Learning disability
- Multiple disability
- Other (please specify)

Sporting information

Have you played LACROSSE before? Yes No

If yes, where have you played the sport (please indicate below)

- Primary school Local authority coaching session(s)
- Secondary school Club
- County Other (please specify)

Medical information

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

Emergency contact details

To be completed by the parent/carer/member

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

Contact name e.g. parent/carer

Emergency contact number

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

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 Player

Signature of player:

Signature of parent/carer (if aged under 16):

Date: