



MEMBERSHIP FORM



MEMBER DETAILS

First Name _____ Last Name _____

Date of Birth _____ Gender Female Male

Home phone No _____ Mobile No _____

E-mail address _____ Ethnicity _____

MEMBERS ADDRESS DETAILS

Full Address (please include Postcode) _____

In Employment, Education or Training YES NO

PRIMARY GUARDIAN / EMERGENCY CONTACT DETAILS

First Name _____ Last Name _____

Relationship to member _____

Home phone No _____ Mobile No _____

E-mail address _____

PRIMARY GUARDIAN / EMERGENCY CONTACT ADDRESS DETAILS

Full Address (please include Postcode) _____

SECONDARY GUARDIAN / EMERGENCY CONTACT DETAILS

First Name _____ Last Name _____

Relationship to member _____

Home phone No _____ Mobile No _____

E-mail address _____

SECONDARY GUARDIAN / EMERGENCY CONTACT ADDRESS DETAILS

Full Address (please include Postcode) _____

MEDICAL INFORMATION

Doctors Surgery _____

Surgery Phone No _____

<u>Medical Conditions, e.g. asthma, epilepsy, diabetes.</u>
<u>Allergies, e.g. penicillin, Tetanus.</u>
<u>Medication requirements (please list all if applicable)</u>
<u>Notes (Including other medical information).</u>

Consents

For the Member to sign and Date:

I agree to abide by the rules of Youth Club, and if I do not I will agree to have the sanctions of the Youth Club placed upon me.

Signed: _____ Date: _____

For the Adult with Parental Responsibility of the Young Person above to sign and Date:

I give permission for the member stated on the previous page, to take part in the Youth Club and the activities that surround it.

Yes No (Please Tick)

I give permission for Still and Video Photography to be taken of the Young Person in order to be used for Presentation, Display, Funding applications and promotion of the club.

Yes No (Please Tick)

Also if in an emergency and/or if I am not contactable, I am willing for the Young Person I am responsible for, to receive necessary hospital or dental treatment including anaesthetic.

Yes No (Please Tick)

Signed: _____ Date: _____

For Club Use Only

<u>Date Membership Form Received:</u>		<u>Membership Number:</u>			
<u>Membership fee paid</u> YES / NO		<u>Date membership Paid</u>			
<u>Membership applied for</u>	JUNIOR	SENIOR	BOXING	VOLUNTEER	STAFF