Tilehurst Junior Youth Club

Membership Form

2011-2012

Print clearly

Print clearly

Name _____

Address _____Post Code _____

Home Telephone _____Mobile Telephone _____

Date of Birth _____ School _____

Parents E- Mail

Ethnic Origin (optional): White / Black / Asian / Other _____

(For equal opportunities monitoring purposes)

New Member ☐ Existing Member ☐ Membership No ☐

PARENTS: I would be willing to volunteer on a rota basis on Friday nights (tick) ☐

Emergency Contact

This section MUST be completed Please give us the details of someone local we can contact if we can't contact you. **(It cannot be your own address)**

Name _____

Relationship to Child (Uncle, Aunt, Friend etc) _____

Address _____Telephone _____

Medical

Please tell us about any medical conditions relating to your child which you feel we need to know about.

_____

_____

In accepting a place for my child I accept the youth clubs membership policy.
(This is available on our web site www.tilehurstjuniorclub.co.uk or on request)

Signed _____ Parent / Guardian.

Date Paid _____ Card Issued _____

To be completed by staff