



Membership Form 2019-2020

Parents / Guardian Name _____

Address _____ Post Code _____

Home Telephone _____ Mobile Telephone _____

New Member Existing Member Membership Number

Parents E- Mail - **Please print clearly**

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Childs Name _____ Date of Birth _____

School _____ Gender: Male Female

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

Who has parental responsibility for the above child? _____

Please provide details of anybody who does not have legal access to your Child that we should be aware of _____

Emergency Contact Details (This cannot be your own address)

This section MUST be completed

Please give us the details of someone local we can contact if we can't contact you.

Name _____ Relationship to Child _____

Address _____ Telephone _____

If you are at work during Youth Club hours of 19:00 - 21:30 please provide the following details: Company Name _____

Company Address _____

Company Phone Number _____

Medical / Allergies

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

Restrictions on activity eg contact sport.

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

Photographs: I consent to my Child's photograph being used in the youth club's newsletters, web site and social media pages (no names included) Photos are stored in line with our Code of conduct policy.

Yes No Please tick and initial here _____

Privacy Options- please complete.

Can we send you information about our activities using the details on this form by:

Post Yes No

Text Yes No

Email Yes No

Policies: Your personal details are used and stored in line with our Data Privacy Policy. All our policies including our Behaviour and Membership Policies can be viewed on our website www.tilehurstjuniorclub.co.uk or on request.

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Gift Aid

If you Gift Aid your donation. We can claim Gift Aid tax relief of 25p on every pound you give.

To qualify for Gift Aid, you must pay UK Income Tax and/or Capital Gains Tax at least equal to the tax that the charity claims on your donations in the appropriate tax year. Tax year is 6 April one year to 5 April the next.

Please tick and initial this box to confirm your agreement for us to claim Gift Aid on any eligible donations You make now and in the future

In accepting a place for my child I have read and 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 _____