

Tilehurst Junior Youth Club

Membership Form

2015-2016

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 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 (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 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 _____

To be completed by staff