

Tilehurst Junior Youth Club Membership Form 2017-2018

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Name _____

Address _____ Post Code _____

Home Telephone _____ Mobile Telephone _____

Date of Birth _____ School _____

Parents E- Mail

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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)

Photographs: I consent to my Child's photograph being used in the youth club's newsletters and web site (no names included). Yes No Please Tick and initial here _____

Policies: All our policies including our Behaviour and Membership Policies can be viewed on our website www.tilehurstjuniorclub.co.uk or on request.

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 _____

Address _____ Telephone _____

Medical

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

Please state any allergies here: _____

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