



63 Roe Lane, Southport, PR9 7DR

www.southbankltd.co.uk

Junior membership application form 2021

In order to provide a safe club for all our junior members, and to keep you up to date with club activities, we would like you to tell us some information about yourself. Please complete this form and get a parent or guardian to sign it if you are less than 18 years old.

Please e-mail (southbankltd@gmail.com) or send the form with subscription to: **Richard Holloway, 20 Rutland Road, Southport, PR86PB.**

| | | | | |
|---------------------|---------------------------------------|--|----------------|--|
| Name (please print) | | | Date of birth: | |
| Gender | Male / Female (delete as appropriate) | | | |
| Address | | | | |
| Contact numbers: | Home | | | |
| | Mobile | | | |
| Email address | | | | |

Please provide details of a parent/guardian that we can contact in case of an emergency:

| | | | |
|-----------------------|--------|--|--|
| Name (please print) | | | |
| Relationship to child | | | |
| Contact numbers: | Mobile | | |
| | Home | | |
| | Work | | |
| Address | | | |
| E-mail address | | | |

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Member's signature:

Signed:.....Date.....

Parent/guardian declaration (essential if applicant is under 18 years of age)

By signing and returning this form, I agree to (child's name) taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents.

To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately.

I understand that I must inform the club of any changes to the information provided on this form.

Signed:..... Name:..... Date:.....

LTA Child Protection T: 0208 487 7008/7116 M (24 hour): 07971 141 024 E: childprotection@lta.org.uk