

JUNIOR MEMBERSHIP FORM



Sunrise Badminton Network

We are very pleased to welcome you in our Network!

To ensure we have the correct contact details for you, please fill out this form and give it back to *Frank*.

Please ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about your local session. Neither the mobile number nor the email should be that of the child.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

POSTCODE: _____ EMAIL*: _____

MOBILE*: _____ HOME TELEPHONE: _____

EMERGENCY CONTACT DETAILS

To be completed by the parent/carer. Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

First contact name e.g. parent/carer: _____

Emergency contact number: _____

Second contact name e.g. parent/carer: _____

Emergency contact number: _____

JUNIOR FEES

Fee of session: £5.00/hour **Match fees:** These may vary according venue and the current annual fee of affiliation to Badminton England.

MEDICAL INFORMATION

Please detail below any important medical information that our coaches/club coordinators should be aware of (e.g. epilepsy, asthma, diabetes, food allergies, previous major injuries, etc.)

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I understand that it is my responsibility to inform the Club Officials immediately if any of the details given in this form changes.

I give my consent for photographs, video footages of my child to be used in badminton publications or for badminton publicity purposes only. Yes No

Name of parent/carer: _____

Signature of parent/carer: _____

Date: _____