



## Junior membership form

We are pleased to welcome you to our club, membership is open to all members of the community Please insert the information requested and return to address at foot of page If you are under 16 please ask parents or guardian to sign the form before it is returned

| PERSONAL DETAILS              |                                 |        |
|-------------------------------|---------------------------------|--------|
| Name                          |                                 |        |
| Address                       |                                 |        |
| Postcode                      | Tel Number:                     | Mobile |
| email                         |                                 |        |
| Date of birth                 | Place of birth                  | School |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> |        |

| SPORTING INFORMATION   |   |                             |
|--|---|-----------------------------|
| Have you competed in athletics before?                                     | Yes <input type="checkbox"/>                    | No <input type="checkbox"/> |
| If yes, where have you competed: (please indicate below)                   |   |                             |
| Primary School <input type="checkbox"/>                                    | Secondary school <input type="checkbox"/>       |                             |
| Local authority coaching session(s) <input type="checkbox"/>               | Club <input type="checkbox"/>                   |                             |
| County <input type="checkbox"/>  | Other (please specify) <input type="checkbox"/> |                             |
| If you are or have been a member of another club please give details below |   |                             |
| Club   | Date of resignation                             |                             |

| MEDICAL INFORMATION  |
|--|
| Please give details of any important information that our coaches should be aware of(e.g.epilepsy,asthma,diabetes,etc) |
|  |
| Medication   |

| EMERGENCY CONTACT DETAILS-To be completed by Parent/Guardian  |                |
|---|----------------|
| Contact name  | Contact number |
| 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 that in the event of injury or illness reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately |                |
| Name of parent/guardian   | Signature      |
|   | Date:          |

| SUBSCRIPTION AS OF SEPTEMBER 2009 £20.00   |      |                        |                        |
|--|------|------------------------|------------------------|
| Subscription paid <input type="checkbox"/> | Date | Proposed Secoded Coach | URN _____<br>LPS _____ |

**Please make cheques payable to Liverpool Pembroke & Sefton H&AC**