

## 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

Data Protection Act: Details given on this form will be held on computer disks & used in the administration of the club.It will also be shared with EA & NA for registration purposes.

PERSONAL DETAILS			
Name			
Address			
Postcode	Tel Number:	Μ	obile
Email			
Date of birth / /	Tick box below fo	or birth county or other	School
Male Female	Lancs Mside	Other	
ATHLETICS DETAILS			
Have you competed in ath	letics before?	Yes No	Preferred event
Notes:			Middle Distance
MEDICAL INFORMATION			Sprints/Hurdles
Indicate if on any prescribed repeat medica-			Field Events
tion.ie inhalers, allergies requiring epipen or any other ailments that you think our coaches should know.			Multi Event
If you are or have been a member of another club please give details below Club Date of resignation			
EMERGENCY CONTACT DETAILS-To be completed by Parent/Guardian			
Contact name(s)	Contact number(s)		
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 October 2020 £35.00			
Subscription paid	Date	Coach	
Please make cheques payable to Liverpool Pembroke & Sefton H&AC			
URN LPS			