



Junior Membership Form (To be completed by Parent / Guardian)



This application form is being used to ensure that all relevant areas of Clubmark welfare policies are being addressed - after completion please return to the Junior Organiser.

Please use **BLOCK CAPITALS** and note that as parents you are invited to be free social members of the Club. This membership, however does not afford you any voting rights. Please include the names of both parents for membership purposes.

Furthermore, once your child becomes a member of the Club, he or she is entitled to compete on behalf of Sale Sports Club in Cricket, Tennis and Hockey.

Childs Name			
Parent/Guardian			
Address			
			Post Code
E-mail			
Home Tel		Mobile Tel	
Date of birth		School Year	
School			Male / Female
2nd Contact for Emergencies			
Name		Relationship	
Telephone		Mobile	

Medical Information
Please state any allergies your child has:
Please state any medical conditions:
Please state any regular medication taken:
Will they have this medication with them: Yes / No
Please state any dietary requirements:
Further Information

For statistical purposes we need to record information on disability & ethnic origin. The club would be grateful if you could complete the next section:

Ethnic Origin - Please tick (Optional)						
White	Black	Caribbean	Black African	Black other	Indian	Pakistani
Bangladeshi	Chinese	Other Asian	Other (please state)			

Disability (Optional)					
The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'. For statistical purposes we need to record information on disability & ethnic origin. The club would be grateful if you could complete the next section:					
Does your child have a disability?		Yes / No If yes, please state:			
Visual Impairment	Hearing Impairment	Physical Disability	Learning Disability	Multiple Disability	Other (please state)

Your voluntary contribution to Sale Sports Club is essential for us to be a successful club. We are a voluntary organisation and would like to ask you to volunteer your time in order to develop our club. Please also comment on the particular sport you would like to volunteer in.

Are You Willing to Help with:			
Coaching: Yes / No	Transport: Yes / No	Scoring: Yes / No	Refreshments: Yes / No
Team Management: Yes / No	Administration: Yes / No	Umpiring: Yes / No	Fundraising: Yes / No
Social Events: Yes / No	Other (Comment)		
Parent/Guardian Occupation (optional):			

By returning this completed form and ticking the boxes

<input type="checkbox"/>	I agree to my son/daughter/child in my care, taking part in the activities of the club.
<input type="checkbox"/>	I confirm that my child will comply with the Junior Rules.
<input type="checkbox"/>	I confirm that I understand the spirit of the Parents/Spectators code of conduct.
<input type="checkbox"/>	I give consent to the use of photography in the coaching of sport (more details are available from the Child Welfare Officer) in respect of my child.
<input type="checkbox"/>	I understand that I will be kept informed of activities at the club – for example timing and transport details for away matches when my child is involved.
<input type="checkbox"/>	I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.
<input type="checkbox"/>	I confirm to the best of my knowledge that my child does not suffer from any medical conditions other than those detailed above.
<input type="checkbox"/>	I consent to my child receiving medical treatment which, in the opinion of a qualified medical practitioner, may be necessary.
<input type="checkbox"/>	I am aware that should my child play for a senior team he/she may have to share changing and showering facilities (See attached guidelines).
<input type="checkbox"/>	I confirm that when transporting players to and from matches that my car will be fully taxed, insured and have a valid MOT.
<input type="checkbox"/>	I understand that when attending matches the safety of myself and any non-playing siblings is my responsibility.
<input type="checkbox"/>	I agree that these details may be held on computer in the understanding that these details will not be passed onto any 3rd parties.
<input type="checkbox"/>	I agree that Sale Sports Club may contact me about details of future sporting events
<input type="checkbox"/>	British Tennis Membership I agree that these details can be submitted to the LTA on my behalf in order to receive Free British Tennis Membership
<input type="checkbox"/>	I understand that there is no charge for junior membership, but I wish to make a Gift Aid donation to the Club to help the Junior Section. I am a UK tax payer and expect to pay tax of at least the amount that the Club will claim from HMRC on my donation.
<input type="checkbox"/>	I wish my child to participate as a Club member in the following sports (PLEASE CIRCLE AS APPROPRIATE): CRICKET / TENNIS / HOCKEY / FOOTBALL
I enclose my donation as a cheque/cash for £.....	
Name of Parent/Guardian	
Signature of Parent Guardian	
Date	