



TROJANS CLUB

Trojans Club Junior Membership - Year commencing 1st September 2011

Welcome to Trojans Club!

To ensure we have your correct contact details, please fill out this form and return to the Junior co-ordinator.
If you are under 16 please also ask your parents or carer to sign the form before it is returned.

Payment of the appropriate membership fee allows all members to participate in any or all sports at Trojans Club. There may be a separate charge levied, or a subsidy paid, by individual sections. Correct fees can be confirmed by Section Membership Secretaries. Separate Court fees and Field Sport match fees are also payable.

Junior members: Junior (Under 18) members have the same options as full members except that they have no voting rights at Club or Section AGMs. Parents of Under 18 members are Associate Members who are able to use the bar facilities but have no voting rights and cannot serve on any formal club committees.

Family Membership: A reduction of 10% in each rate of membership is applicable when there are 3+ members of the same family taking out **playing membership**. A separate form is to be completed for each member.
No discount will be given until all members have completed forms, paid membership in full and is received in the office.
Junior forms should be completed for all members under 18 years of age.

Personal details

Surname: _____ Forename: _____ Mr/Mrs/Ms/Miss/Other: _____

If Under 18, please give your Parent/Guardians Name(s): _____

Address: _____ Date of Birth: ____ / ____ / ____

_____ Home Tel: _____

_____ Postcode: _____ Work Tel: _____

Email: _____ Mobile Tel: _____

Occupation (or occupation of Parent/Guardian): _____

Which sport sections do you wish to apply for? (Please tick all that apply)

Cricket	Hockey	Rugby	Squash
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical information

Please detail below any **important medical information** or **allergies** that our coaches/junior coordinator should be aware of (eg epilepsy, asthma, diabetes etc.)

Emergency contact details -To be completed by the parent/carers

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

Contact name eg parent/carers:

Emergency contact number:



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Sporting information

Have you played your chosen sport before? Yes No

If yes, where have you played the sport: (please indicate below)

Primary school

Secondary school

Local authority coaching session(s)

Club

County

Other (please specify):

Disability

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’.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disability

Other (please specify):

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.

Name of parent/carer:

Signature of parent/carer: