



# CHELMSFORD JUNIOR NETBALL CLUB

## MEMBERSHIP FORM

### Contact Information (PLEASE PRINT IN BLOCK CAPITALS)

Name		
Address		Date of Birth:
Post Code		
Home Tel. No.		
Mobile No. of Parent/Carer		
Email of Parent/Carer		

### Membership Type

Membership	Description	Fee	Tick
Junior (U18)	Junior Membership - 1st Child		
Junior (U18)	Junior Membership - 2nd Child		
Junior (U18)	Junior Membership - 3rd Child		

### Please tick the box that best describes your ethnicity

White British		Asian or Asian British - Pakistani	
White Irish		Asian or Asian British - Bangladeshi	
White – Other		Asian or Asian British - Other	
Mixed – White and Black Caribbean		Black or Asian British - Caribbean	
Mixed – White and Black Asian		Black or Asian British - African	
Mixed		Black or Asian British - Other	
Mixed – Other		Chinese	
Asian or Asian British			

### Medical Information

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### 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.

Name of Parent/Carer	
Emergency Contact No.	

By returning the completed form I agree to my son/daughter/child in my care taking part in the activities of the club. I also agree to the club holding personal information on their files.

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	
Emergency Contact No.	