



HARBOROUGH LC Junior Badminton Club



ENROLMENT FORM (Season 2024-25)

This form is to be completed and also signed by the parent/carer for participants aged 8-15 years.

Name of young person: _____ Date of Birth: _____

Male or female (please tick ONE) Male: Female:

School Year (Tick ONE) 3 4 5 6 7 8 9 10 11 12 13

Name of School attended: _____

Parents Name: _____

Address: _____

_____ Post Code: _____

Telephone No's: Home: _____ Work: _____ Mobile: _____

Email address: _____

Emergency Contact Name and Number: _____

Name of Doctor: _____ Surgery Contact Number: _____

Details of any known medical conditions/allergies: _____

I have completed the medical details above and I consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include use of anaesthetics.

Photography/Filming: (please tick ONE) I DO I DO NOT give permission for the young person named above to be filmed or photographed during any coaching/club sessions.

General Data Protection Regulation- please see Privacy Policy on Club web site under the drop down menu "About"

I have read & understood the club's Privacy Policy, code of conducts which outlines the behaviour /conduct expected by Parents/Carers & Junior Club members. Copy is on Club web site: <http://www.harboroughlcjuniors.org.uk/>

Signature of parent/carer: _____ Date: _____

I have read, understood and agree to abide with the club's code of conduct for Junior Club member.

Signature of Junior Member: _____ Date: _____

Please Sign & Return this completed enrolment form to the Ray Phipkin.

Ray Phipkin (Head Coach):- Email: rayhipkin@harboroughlcjuniors.org.uk Mobile: 07582 195940

Lynda Haynes (Secretary):- Mobile: 07901 935105 Ray Phipkin(Treasurer):- Mobile:- 07582 195940