

## Junior Member Registration Form 2009-2010

Welcome to Harrogate Racquets Club. In order to provide a safe club for all our junior members, and to keep you up to date with club activities, we would like you to tell us some information about yourself.

Please complete this form and ask your parent or guardian to sign it and complete the health questionnaire on page two if you are less than 16 years old.

### Junior Member Details

Name (please print full name of Junior)		Date of birth:	
Home Address			
	Post Code		
Contact Numbers	Home		Mobile
	Other		
Email address			
SPORTS PLAYED (*delete as necessary)	Badminton*    Tennis*    Table Tennis*    Squash*		

### Parent/guardian (also for contact in case of an emergency):

Name (please print)			
Relationship to child			
Contact numbers:	Mobile		
	Home		
	Work		
Address			
Email address			

# Junior Member Certificate of Health and Fitness for Sport

Please use the boxes below to describe the applicants any special care needs, dietary requirements, allergies or medical conditions. (\* delete as necessary)

Asthma	Yes/No*
Allergies	Yes/No*
Heart Complaints	Yes/No*
Head Injuries	Yes/No*
Diabetes	Yes/No*
Epilepsy	Yes/No*

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
- Multiple disability
- Other(please specify): .....

Is there any medication being taken that may affect your ability to play badminton/tennis/table tennis if so please describe below the medication and condition

Medication	Condition
Do you need to have your medication with you during the sports activity? Yes/No*	
If yes – how is the form of medication taken?	

Is there anything that we should be aware of which might affect the applicants participation in this sport? If so please provide appropriate details	
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Junior member's signature :

Signed:..... Date.....

## Parent/guardian declaration (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to ..... (child's name) taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club..

To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form.

I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me.

I understand that I must inform the club of any changes to the information provided on this form.

Signed:..... Date:.....

Name:..... ( Please print)

The information contained in this document is classified as sensitive personal information. Some of the data may be stored electronically. Only such information as is relevant to your/the members attendance at the Harrogate Racquets Club will be treated as confidential and used and retained by the relevant coaches. Your signature above confirms your consent for us to use and retain such information. You have the right to request access to any personal information we hold on you/the member.

Please return this form to:

**Harrogate Racquets Club c/o Peter Turton Clint Banks Clint Harrogate HG3 3DU.**  
**Tel (01423) 770712 Email: plturton@btinternet.com**

<b>Junior Tennis Coach:</b>	<b>Mark Hinchcliffe</b>	<b>Tel: 07870 166357</b>
<b>Junior Badminton Coach:</b>	<b>Dennis Cleary</b>	<b>Tel: 07831 504247</b>
<b>Child protection Officer:</b>	<b>Shirley Snape</b>	<b>Tel: 01423 565730</b>

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[www.harrogate.co.uk/racquets](http://www.harrogate.co.uk/racquets) [plturton@btinternet.com](mailto:plturton@btinternet.com)