

Henley Junior Squash Club

Membership Registration Form for the period to 31st August 2017

New Members: please complete all of the sections below and then sign and date the form.

Existing Members: please complete name(s) of child(ren) and any other sections that have changed since you completed the form last year, and then sign and date the form.

Child(ren) Name(s):		Date(s) of Birth									
Parent(s) Name(s):											
Address:											
Post Code:											
Contact Tel. Nos.:											
Mobile Tel Nos.:											
Contact names and tel. nos. in case of emergency, if different from above:											
E-mail address(es):											
<p>For each child, please outline any allergies and/or medical conditions:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Child's Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Allergies/Medical Conditions</u></th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table> <p>For each child, please outline any special dietary requirements:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Child's Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Dietary Requirements</u></th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>				<u>Child's Name</u>	<u>Allergies/Medical Conditions</u>			<u>Child's Name</u>	<u>Dietary Requirements</u>		
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I agree to the above child(ren) taking part in any squash activities that might be organised by Henley Junior Squash Club ("the activities") and acknowledge the need for them to behave responsibly. In the event of a medical emergency during the activities, I agree to the above child(ren) receiving any medical treatment, including anaesthetic or blood transfusion, that is considered necessary by the medical authorities present. I agree to the photographing of my child(ren)'s involvement in the activities for the purpose of publicising and promoting Henley Junior Squash Club. I agree to the videoing of my child(ren)'s involvement in coaching sessions as part of the club's coaching programme.

Signed by parent: **Date:**.....

Membership for the 12 months from 1st September to 31st August is **£18**. Members joining between October and August pay on a pro rata basis. **Payment** can be made by **cheque** (payable to **Henley Junior Squash Club**) or **electronic bank transfer** (a/c name: Henley Junior Squash Club; a/c no.: 58821201; sort code: 60-10-35). If paying electronically, please send an e-mail to our treasurer (Jane Gray, jane.gray@btconnect.com) to let her know once you have made the payment.

Please leave completed form (and cheque, if applicable) in an envelope addressed to Jane Gray at the reception of the Henley Leisure Centre, or post to Jane Gray, 45 Northfield End, Henley-on-Thames, RG9 2JJ.