



Junior membership form

We are very pleased to welcome you to the INSPiRE Sport

To ensure we have the correct contact details for you, please fill out this form and give it back to *Chris Burchill*.

If you are under 16, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Name

Address

Postcode

Home telephone number

Mobile telephone number*

Email address*

Date of Birth

* Neither the mobile number nor the email should be that of the child –

this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

Whilst it is not compulsory that the following section is completed the footnote at the end of this template explains why it is important.

Ethnicity

In order to help the club monitor its membership please will you tick one of the following boxes to identify your ethnic group/origin.

A. White

British

Irish

Any other white background (please specify)

B. Mixed

White & Black Caribbean

White & Asian

White & Black African

Any other mixed background (please specify)

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background (please specify)

D. Black or Black British

Caribbean

African

Any other Black background (please specify)

E. Chinese or other ethnic group

Chinese

Any 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 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?

Please detail below any important medical information that our coaches/junior coordinator should be aware of

Visual impairment

Hearing impairment

Physical disability

Learning disability

Multiple disabilities

Other (please specify)

Medical information

Please detail below any important medical information that our coaches/ Junior Coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details

To be completed by the parent/care

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

Contact name e.g. parent/carer

Emergency contact number

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club

By returning this completed form, I agree to adhere to the code of conduct for parents/carers and my child shall adhere to the code of conduct for junior members

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:

Date: