

Membership Form

Club/Project:

The information you put on this form is **confidential** and will not be shared with anyone else without your permission.

Name

Date of birth

Male Female

Address (Incl. Postcode)

Home phone number

Mobile phone number

Email address

Emergency contact:

Name of contact

Relationship to child

Emergency Contact No

Medical Information:

Please tell us about any disability/medical conditions/ medication that we need to be aware of (e.g. Allergies)

Ethnicity

White		Mixed/multiple ethnic groups		Asian/Asian British		Black/African/Caribbean /Black British		Other ethnic group	
English/Welsh/ Scottish/Northern Irish/British		White/Black Caribbean		Indian		African		Arab	
Irish		White/Black African		Pakistani		Caribbean		Chinese	
Gypsy or Traveller		White/Asian		Bangladeshi		Any other Black/African/ Caribbean/Black British background		Any other ethnic group	
Polish		Any other mixed/multiple ethnic background		Any other Asian background,					

My child / children can leave the building during club sessions Yes No

My child / children will walk to and from the activity by themselves Yes No

Please confirm that the information given on this form is correct

Signed..... Date.....