

CBC Badminton Club

Coolmine Sports Complex, Clonsilla, Dublin 15

Secretary: Rob Donovan : cbcd15@gmail.com : 087 7734662

Juvenile Membership Form 2016/2017

To be filled out by parent/guardian. **One form to be filled out per child.**

Juvenile Details:

Name: _____

Date of Birth: _____

Address: _____

CBC T-shirts (optional: €15) : *please circle as appropriate*

Size:	Male	XS	S	M	L	XL
	Female	8	10	12	14	16

Parent/Guardian Contact details:

Name: _____

Home phone number: _____

Mobile phone number: _____

Email address: _____

Emergency contact details:

Name of person to contact in Emergency: _____

Relationship to Child: _____

Contact phone numbers: _____

Medical details:

Any medical illnesses, injuries, allergies etc. that we should be aware of? (Yes/No): _____

If Yes to above question please outline: _____

->PTO

I give permission for this child to be a member of the CBC badminton club and agree that they will abide by the rules of the club.

Will you also be available for supervision on a rota basis (Yes/No) _____

I give permission for photos of my child to be used on club promotional material, club websites etc. (Yes/No) _____

Date: _____ Signature: _____

I have read and understand the **Members Club Rules - Code of Conduct** of CBC Badminton Club.

Signature of Child

Signature of Parent

Print Name

Print Name