

LODERS YOUNG PLAYERS

Membership Form

Type of membership
Family £22.50 Individual £17.50

Member's name

Member's date of birth

Parent/Guardian

Address

Post Code

Contact telephone number

Mobile telephone number

E-mail address

Existing medical conditions

Details of medication

Membership starts

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Paid

£

Declaration by parent or guardian

I hereby give my consent for the above named to attend coaching sessions, practice sessions and competitive events related to LYPs' sporting and other activities. I understand that whilst every reasonable care will be taken the Club and its voluntary workers cannot be held responsible for personal injury, or for damage to or of property whilst my son(s)/daughter(s) is (are) taking part in this activity. I give the activity supervisor permission to sign for any emergency medical treatment which may be needed if I am not available to sign the appropriate forms. My attention has been drawn to the desirability of arranging insurance in respect of personal accident cover.

I hereby give permission for photographs to be taken of my children and used in LYPs newsletters and publications

Signature of parent/guardian

Date

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