

Club use only
Membership No _____ / _____
Paid Cash/Cheque/S.O.



## JUNIOR MEMBERSHIP FORM

We are very pleased to welcome you to the MJ Juniors. To ensure we have the correct contact details for you, please fill out this form and give it to one of the Leaders at your first training session. After reading all the information, you and your parent or carer must sign the form in the spaces at the end, before it is returned. We will also use this information to ensure that you are kept informed about club events.

### Junior member details

Name .....

Address .....

Postcode .....Home telephone number .....

Date of Birth..... Nationality .....

Gender M/F (delete as appropriate) Country of birth .....

### Adult contact details

Name ..... Address .....

..... Postcode .....

Mobile\*..... Landline Tel. ....

Email\* .....

\* 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/carers.

### Payment

Please include annual membership fee of **£15** (membership runs from Jan to Dec), cheques payable to 'Malvern Joggers'. New members receive a free T shirt.

### 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?.....**

.....

### Sporting Information

Have you participated in RUNNING as a sport before? Yes  No

If yes, where: (please indicate below)

- Primary school
- Secondary school
- Local authority coaching session(s)
- Club  name of club .....
- County
- 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.)

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### Emergency Contact Details (To be completed by the parent/carer)

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

Contact name (if different from above). .....

Emergency contact number (if different from above).....

### Parent/Carers declaration

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

**I have read the Welcome Pack and agree**  
to the code of practice for Parents/Carers/ Children/ Leaders

**I consent** to my son/daughter being photographed  
**I consent** to my son/daughter signing themselves out at the end of MJJ sessions  
(See Code of Practice for further details). ***If I wish my child to join MJ Juniors but do not give consent to being photographed and/or self-sign out I will inform the MJ Juniors in writing\*.***

Signature of parent/carer: ..... Date:.....

\*Address letter to 'MJ Juniors' and hand to a qualified member of the Leaders team.

### Junior members agreement

I have read and agree to the code of practice for Junior Members

Signature of Junior ..... Date:.....

