



ALEXANDRA PARK JUNIOR BADMINTON CLUB

MEMBERSHIP FORM 2020/21



We are pleased to welcome you to ALEXANDRA PARK JUNIOR BADMINTON CLUB which is held weekly on Wednesday and Thursday evenings at ALEXANDRA PARK SCHOOL, Bidwell Gardens, London N11 2AZ (entrance to the school is from Rhodes Avenue).

The membership form MUST be completed by all members and returned to Kathryn Richards either by email to apjbclub@gmail.com or by post to 20 Harcourt Road, London N22 7XW.

To ensure we have the correct contact details for you, please fill out this form and return to **Kathryn Richards**.

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

CHILD'S NAME (PRINT)

PARENT'S NAME (PRINT)

Form/Year group

Date of Birth

Address (including Postcode)

Home telephone number

PARENT'S Mobile*

PARENT'S email*

**CHILD'S NATIONALITY
required for BE membership**

ie. which Country's passport do you hold?

*** Neither the mobile number nor the email should be that of the child – these details should be those of the parent/carers. All information given on this form is held in strict confidence.**



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EMERGENCY CONTACT DETAILS To be completed by the parent/carer

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

➤ First contact name e.g. parent/carer and emergency contact number:

➤ Second contact name e.g. parent/carer and emergency contact number:

MEDICAL INFORMATION

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

SPORTING INFORMATION

Have you played BADMINTON before? Yes No

If YES, where have you played the sport: (please indicate below)

Primary school Secondary school
 Local authority coaching session(s) Club
 County Other (please specify).....

- 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 that I will be kept informed of the club's activities.
- 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 understand that it is my responsibility to inform the Club Secretary immediately if any of the details given in this form change.
- I give my consent for photographs of my child to be used in badminton publications or for badminton publicity purposes only. Yes No

Name of parent/carer:

Signature of parent/carer:

Date:



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ETHNICITY (OPTIONAL)

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

- White
- British
- Irish
- Any other white background (please specify) _____
- Mixed
- White & Black Caribbean
- White & Asian
- White & Black African
- Any other mixed background (please specify) _____
- Asian or Asian British
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (please specify) _____
- Black or Black British
- Caribbean
- African
- Any other Black background (please specify) _____
- Chinese or other ethnic group
- Chinese
- Any other (please specify) _____