

**Junior Coaching**  
**Membership and Parental Consent Form**

**Junior Member's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male / Female

School \_\_\_\_\_ (For club school link purposes)

Medical Information About Your Child \_\_\_\_\_

Any Other Information \_\_\_\_\_

**Parent/Guardian's Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

Alternative Emergency Contact: Name, Telephone No and Relationship \_\_\_\_\_

**I agree to (Child's name) \_\_\_\_\_ taking part in the Junior Squash Coaching. I agree to \_\_\_\_\_'s participation in the activities described. I acknowledge the need for \_\_\_\_\_ to behave responsibly.**

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Full Name (Capitals) \_\_\_\_\_