



U18 MEMBERSHIP FORM

NAME:

AGE: DATE OF BIRTH:

ADDRESS:

..... POST CODE:

TELEPHONE (HOME):

MOBILE:

E-MAIL:

SCHOOL: SCHOOL YEAR:

WHERE DID YOU HEAR ABOUT DOMINOES?

IN CASES OF EMERGENCY, WHOM SHOULD WE CONTACT?

NAME:

RELATIONSHIP TO YOU:

MOBILE: LAND LINE

DOES YOUR CHILD SUFFER FROM ANY ILLNESSES WHICH YOU HAVEN'T PREVIOUSLY INFORMED US ABOUT, BUT WE SHOULD KNOW ABOUT, EG ASTHMA ETC? IF YES, PLEASE STATE BELOW:

.....
.....

THE CLUB TAKES STILL PHOTOGRAPHY AND VIDEOS MATCHES FROM TIME TO TIME OF ITS MEMBERS FOR CLUB PROMOTIONAL PURPOSES IE PRESS RELEASES AND THE CLUB WEB PAGE. IF YOU WOULD PREFER YOUR CHILD NOT TO BE PHOTOGRAPHED OR VIDEOD, PLEASE STATE SO BELOW.

I DO / DO NOT GIVE CONSENT FOR MY CHILD TO BE PHOTOGRAPHED/VIDEOD FOR PROMOTIONAL PURPOSES (please delete as appropriate)

Signed:(Parent / Guardian) (Date):

