



# HARBOROUGH LC Junior Badminton Club



## ENROLMENT FORM (Season 2025-26)

This form is to be completed and also signed by the parent/carer for participants aged 8-15 years.

Name of young person: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

(Please tick ONE) Male: ☐ Female: ☐ Non-Binary: ☐ Prefer not to say: ☐ Other: ☐

School Year (Tick ONE) 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

Name of School attended: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone No's: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Surgery Contact Number: \_\_\_\_\_

Details of any known medical conditions/allergies: \_\_\_\_\_

I have completed the medical details above and I consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include use of anaesthetics.

Photography/Filming: (please tick ONE) I DO ☐ I DO NOT ☐ give permission for the young person named above to be filmed or photographed during any coaching/club sessions.

General Data Protection Regulation- please see Privacy Policy on Club web site under the drop down menu "About"

I have read & understood the club's Privacy Policy, code of conducts which outlines the behaviour /conduct expected by Parents/Carers & Junior Club members. Copy is on Club web site: <http://www.harboroughlcjuniors.org.uk/>

Signature of parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_

I have read, understood and agree to abide with the club's code of conduct for Junior Club member.

Signature of Junior Member: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Sign & Return this completed enrolment form to the Ray Phipkin.**

Ray Phipkin (Head Coach):- Email: [rayhipkin@harboroughlcjuniors.org.uk](mailto:rayhipkin@harboroughlcjuniors.org.uk) Mobile: 07582 195940

Lynda Haynes (Secretary):- Mobile: 07901 935105 Ray Phipkin (Treasurer):- Mobile:- 07582 195940