# Junior Guest Form

### Must be filled in by the parent/guardian

*Fill in this form and bring it with you on a club night to get a two week trial free of charge. Please arrive at 6pm to prepare for a 6:30 start.*

*The form may be filled in on a computer (preferred) or printed and filled out by hand in BLOCK capitals.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Parent/Guardian: |       |  |  |
| Name of Junior guest: |       |  |  |
| Sex of Junior guest: |       |  |  |
| Address: |       |  |
| Postcode: |       |
| Date of Birth: |       | School: |       |
| Emergency Contact |
| Name: |        | Relation: |       |
| Phone: |       |  |  |
| Email: |
| A bit about the junior |
| Do they run for any other club? No Yes (Club name) : |
| Why are they interested in joining the club:       |
|       |
| Do you have any medical condition? No Yes (give details) :       |

##

## Please accept the following on behalf of the junior guest before signing

*The organisers or any other member of W&DAC will in no way be held responsible for any injury or illness incurred before, during or as a result of any of the W&DAC training methods*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I Accept**  | Name/Signature: |       | Date: |       |
|  |  |  |  |  |

|  |
| --- |
| Office Use Only |
| *Trial start date:* |       | *Full membership due:* |       |