



SEASON..... ACTIVITY.....

MEMBERSHIP APPLICATION FORM
(Please print throughout)

Name:.....

D.O.B:...../...../.....

Address:.....

.....

.....

.....Post Code:.....

Telephone Number:.....

School Attended.....

Did you play for Langton last year YES NO

Which Year Group will you play for THIS YEAR (Please circle)

U7 U8 U9 U10 U11 U12 U13 U14 U15 U16 U18 GIRLS

PARENT OR GUARDIAN AGREEMENT AND DECLARATION

I confirm that the above details are correct and that I understand that should the situation arise where my child requires **MEDICAL ATTENTION** (in my absence), I **HEREBY AUTHORISE** the club representative present to consent to any treatment they deem necessary.

Furthermore, I understand that my child and any spectators that I may bring will be expected to abide by the rules and regulations of the club and undertake to advise the club in the first instance of **ANY** change in circumstances or **PERSONAL DETAILS** listed above.

I **ACCEPT** that my child will be participating at my own responsibility and also **ACKNOWLEDGE** that the club shall **NOT BE REQUIRED TO INSURE ITS MEMBERS OR HONORARY MEMBERS.**

Signed:.....

Date:.....

Name: (BLOCK CAPITALS):.....

Address:

.....

.....Post Code:.....

