



COULSDON & PURLEY JUNIOR BADMINTON CLUB

South Croydon Sports Club, Birdhurst Rise, South Croydon CR2 7ES

Tel. 020 8688 1782, email - southcroydonsc@btconnect.com

MEMBERSHIP RENEWAL - WINTER SEASON 2024-25 01 September 2024 to 30 March 2025

Grade	Day	Time	Renewal Fee
J1 Selected Juniors	Sunday	10.00am - 01.00pm	£156.00
J2 Better Juniors	Saturday	01.00pm - 03.00pm	£136.50
J3 Improving Juniors	Saturday	11.00am - 01.00pm	£136.50
J4 Juniors	Saturday	09.00am - 11.00am	£136.50
Two children £20 off total fee		Three children £30 off total fee	

Payment options : Cheque payable to **South Croydon Sports Club** or by Bank Transfer to **South Croydon Sports Club**, sort code **60-06-14**, account **86870262**
Please include the child's name as a payment reference.

Junior's Details (Please Print & Provide All Requested Information)

First Name	Family Name
Full Address	
Post Code	Date of Birth
Home phone	Mobile phone(Parent)
Email address (child if appropriate)	Email address (Parent/Guardian) *required*
Gender Male / Female	Grade (circle) J1 J2 J3 J4 J5
Previous playing experience (for new members)	
Parent or Guardian please tick below to confirm if you wish South Croydon Sports Club <u>not</u> to share your child's information below with Badminton England , your County Organisation, Leagues etc. and within our Club all as we have done in previous years. We cannot affiliate your child with B.E. if you tick the box & may have to decline membership. <input type="checkbox"/> I do <u>not</u> agree to SCSC sharing this information with the parties specified above.	
Signed (Parent/Guardian) Date	
Print (Parent/Guardian) name	
Accepted by Coach (sign & date)	
OFFICIAL USE	Peg..... DB..... Payment.....

COULSDON & PURLEY BADMINTON CLUB

Medical Details & Emergency Contact Form

[Confidential]

Juniors First Name		Juniors Family Name :	
Male / Female (circle as appropriate)		Junior grade J1: J2 :J3 :J4 (Circle as appropriate)	
Name of Parent/Guardian to be contacted in the event of an emergency		<i>Please print</i>	
Contact Telephone Number			
Contact Mobile Number			
Alternative Contact Name			
Alternative Contact Telephone Number			
Do you have any medical conditions that your Badminton Coaches should be aware of? If so please list.			
Do you require any medication for the above? If so please list.			
Are you aware of any allergies that the Coach should be informed of? If so please list.			
Disability – do you consider yourself to be disabled yes no (circle)			
If yes what is the nature of their disability (tick where appropriate)			
Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>		
Other please specify:			

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long term adverse effect on his/her ability to carry out normal day to day activities.

Please fill this in or get your parent/guardian to fill this in and return to your Coach

SignedDate:

Print name.....