

<u>Lindum Squash Club Junior Membership Application Form 2025/2026</u>

Junior Details							
Name of child							
Date of Birth	Gender						
School							
(Please write clearly and legibly to ensure accuracy of processing).							
Parent/Guardian Details							
Name							
Address							
Home number							
Mobile number							
Emergency Contact I	No:						
Email							
Date of birth							
Medical Information about your Junior Member							
	any conditions or allergies requiring medical treatment, including medication?						
YES NO Please Tick accordingly.							
If YES please give details of Medical Treatment:							
If YES please give details of any condition or allergy that requires medication:							
Medical Informa							
I agree to the Junior Member above receiving medication as instructed and any emergency dental medical or surgical treatment including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.							
I will inform the club authorities as soon as possible of any changes in the medical or other circumstances whilst the							
Junior Member above is engaged in activities of the club.							
Activities							
Activities Participation is Junior Coaching, training activities, general play, holiday workshops, competetions and representa-							
tive matches for the club. Activities Consent							
I agree to the Junior Member participating in the above activities.							
I agree that the Junior Member has a responsibility to behave appropriately in accordance with the Clubs rules and							
codes of conduct set by the Lindum Squash Club and the Lindum Sports Association.							
I agree that the club relies on the goodwill of parents and helpers to transport Junior Members to fixtures. I understand that the car owner/driver has the responsibility to have adequate insurance cover.							



Photog	raphy & Recorded Images						
Photograph the need to Policies are Please indi	hy, Recorded Images and Social Media: Lindum o ensure the welfare and safety of all young pe e on the LSC and LSA websites. cate that you have read and give consent for th	ople in spo	rt. Our Photograph	y & Recorded In	nages and Social Media		
	and coaching tools.	cont					
	raphy & Recorded Images Congive my consent	3em					
NO I DO NOT give my consent							
Englan	d Squash And Junior Members						
	the benefits including personal accident insura		t an England Squash	n ID number you	must go to		
	<u>vw.englandsquash.com</u> to activate your Englar				pership is now paid		
directly to	England Squash. All under 16 Junior Members	must be at	tached to a Parent/	Guardian.			
I/We would like to join Lindum squash club as Membersh MEMBERSHIP TYPE			SUBSCRIPTION				
	der 16 with NP Parent/Guardian		£20		•		
Junior Un	der 16 with playing parent		£20				
date of joini	o runs from 1st September each year. If joining ng, is payable through to 31 st August. obs are non-refundable at £5 each. Please add						
the Parent/0	Guardian and it is the Parent/Guardians respondence policies.						
•	nay be made directly to the following bank ; Sort Code: 60-13-15 by card or cash ov		•				
	to abide by the Lindum Squash Club and Lindur m time to time.	m Sports As	ssociation rules and	codes of conduc	ct as published and		
SIGNED		DATE		AMOUNT PAID			

Please complete this form in full and scan/photo and return via email to squashmembership@lindumsports.co.uk or hand it over the bar to the Club Manager. Once membership is approved you will be sent your membership ID and pin for E- Booking Online with details of how to book courts. For any queries contact squashmembership@lindumsports.co.uk