



# Huddersfield Eagles

Junior Badminton Club

c/o 33 Lawrence Rd  
Marsh, Huddersfield  
HD1 4LY  
T: 07850 485749

## Registration Form – Season 2014/15

Even if you've filled one of these in before, it's important for us that we have your information up-to-date.

### 1. Participant details

Full Name \_\_\_\_\_

Sex: Male  Female  Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

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

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Players e-mail address \_\_\_\_\_

Parents e-mail address \_\_\_\_\_

### 2. Emergency Contact details

Name \_\_\_\_\_ Contact No \_\_\_\_\_

Name \_\_\_\_\_ Contact No \_\_\_\_\_

3. Who to contact first \_\_\_\_\_ Not relevant

### 4. Ethnicity

White  Indian  Pakistani  Bangladeshi

Chinese  Black  Caribbean  Black African  Other \_\_\_\_\_

### 5. Disability

Do you consider yourself to have a disability? No  Yes  (If yes please detail below)

### 6. Medical Details

Please identify any known medical conditions, allergies & sensitivities:

Asthma: Yes/No Hay Fever: Yes/No Diabetes: Yes/No

Epilepsy: Yes/No Dyslexia: Yes/No Other: Yes/No

If other please give details: \_\_\_\_\_

Please give details of any medication currently being taken: \_\_\_\_\_

\_\_\_\_\_

Please give details of any other relevant information you think we should have: \_\_\_\_\_

\_\_\_\_\_

P.T.O

7. Participant declaration

I am exercising of my own free will and declare that to the best of my knowledge the information given is correct and I do not know of any reason why I should not participate in badminton.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

8. Parent/Guardian declaration

I give my consent for photographs/video to be taken/used for possible publication or publicity / Emergency First Aid to be administered by a qualified first aider.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_.

9. Your child's name, date of birth and address will be provided to Badminton England who provide our club with Insurance cover. If you have any queries about this please do not hesitate to contact me. I give permission for my child's details to be provided to Badminton England for insurance purposes.

Print name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

10. Parents/Guardians – would you be interested in playing on a Sunday morning? Depending on the number of players we have, there may have some spaces available for adults who would like to join in the sessions, either to play or help. If you're interested then please let us know.

Yes, I'm interested in playing  helping  both

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

*Thank you for signing up for this activity. Your answers are confidential. We Huddersfield Eagles Junior Badminton Club will find this personal data useful for monitoring the success of our programmes, to help in planning future sports activities for children and young people, and we would like to be able to send you details of any further opportunities that may be of interest. You may be invited to take part in a survey conducted by Huddersfield Eagles. We will not pass this information to any third party without your permission or use it for any other purpose. We will collect and process all personal data in line with the Data Protection Act 1998.*

**Payment details (Eagles use only)**

**Session 1 (Sept 14)**

Paid \_\_\_\_\_ Date \_\_\_\_\_ Cheque / Cash Receipt no: \_\_\_\_\_

**Session 2 (Jan 15)**

Paid \_\_\_\_\_ Date \_\_\_\_\_ Cheque / Cash Receipt no: \_\_\_\_\_

**Thanks for supporting the Huddersfield Eagles**