

Word of mouth

If Other, please specify -

School

Local advertising

Website

THE HUNSLET CLUB Activities Membership Form

(Please complete all fields on both sides on the form in block capitals)

| OFFICE USE ONLY ** Existing member: Y/N | Membership Number: | Input By: Date: | |
|---|--|--------------------|--|
| | | | |
| First Name | | | |
| Surname | | | |
| Gender | | | |
| Date Of Birth | | | |
| Address | | | |
| A (: '(O : A((!' | | | |
| Activity Sessions Attending Day & Group | 9 | | |
| School Attending | | | |
| | | | |
| Ethnic Background – Ple | ase tick one | | |
| Black or Black British – African | Asian or Asian British – Indian | White – British | |
| Black or Black British – Caribbean | Asian or Asian British – Pakistani | White – Irish | |
| Black or Black British - Any other Black Background | Asian or Asian British – Bangladeshi | White – Other | |
| Mixed - White and Black African | Asian or Asian British – Any Other Asian Background | Any Other | |
| Mixed – White and Black Caribbean | Mixed – White and Asian | Chinese | |
| | l | | |
| | | | |

Social Media

Other

| Medical Background Please tell us about any medical conditions, including any SEN, disabilities or allergies that your child suffers from and any medication they may have on them. | | |
|---|--|--|
| | | |
| | | |
| Parent/Carer Emergency (| Contact Details – Please ensure all areas are complete. | |
| Name | , | |
| Contact Number | | |
| Email address | | |
| Address | | |
| **Please advise the club ir | nmediately if any of the above details change** | |
| Does your child receive fr | ee school meals Yes No | |
| • . | ctivities your child may be required to use appropriate tools, substances o need to access the Internet (under adult supervision) and may be | |
| I give permission / | I do not give permission for my child to be photographed | |
| I give permission / | I do not give permission for my child to use the internet | |
| | Ity of care when your child/children are on the premises however if e the grounds through their own choice the Hunslet Club will not ibility for their care. | |
| | information about events and activities at The Hunslet Club via will never sell them to other companies for marketing purposes. | |
| Yes please, I'd like to he | ear about what's on and new at the club. | |
| No thank you, I don't wa | ant to what's on and new at the club. | |
| Name (Parent/Carer) | Signed | |
| Date | | |