

# Blackpool Junior Badminton Club

Player Membership / Registration

Season 2025-26

## Strictly Confidential

Dear parent/guardian,

Please complete and return this form promptly to help our coaches take best care of your junior. Please also let us know of any future changes to the information you provide. Thank you.

### Junior's details:

Name: ..... DoB: .....

School attended: .....

### Medical conditions:

Asthma.....yes/no Hay Fever.....yes/no Diabetes.....yes/no Epilepsy.....yes/no

Other known medical conditions: .....

Current medication: .....

Any other relevant information: .....

### Parent/guardian details:

Name: .....

Address: .....

Post code: .....

Home phone: ..... Mobile phone: .....

Other emergency contact number(s): .....

E-mail address: .....

Signature of parent/guardian: .....

Date: .....

I give / do not give my consent for Photographing/Videoring for Coaching and Training purposes only

Sign/Date .....

Information held by BJBC will be used for Badminton England Registration, Contact and Emergency purposes only.