Membership Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Personal Details** | | | | |
| **Name** | |  | | |
| **Address** | |  | | |
| **Postcode** | |  | **Telephone / Mobile** |  |
| **Email** | |  | | |
| **Date of Birth** | |  | **School Year** |  |
| **Details of Parent / Guardian** | | | | |
| **Name** | |  | | |
| **Address**  **(if different)** | |  | | |
| **Postcode** | |  | **Telephone / Mobile** |  |
| **Email** | |  | | |
| **Medical Contact** | | | | |
| **Doctor** | |  | | |
| **Surgery and Address** | |  | | |
| **Anything else we should know?** | | | | |
| **Allergies** |  | | | |
| **Medical conditions** |  | | | |
| **Parent DBS** | Please give details of any enhanced DBS check that a parent may hold | | | |

**Subscriptions:**

Subscriptions are currently voluntary. If you are able to pay the voluntary contribution of £10 a calendar month, please set a direct debit or standing order to be collected on the 1st of the month. Thank you.

**Name of bank account: The Renegades  
Sort code: 09 01 29  
Bank account: 39007926  
Please use your child's name as a reference**