

# MEMBER DETAILS

Parent/Carer - Please complete



## MEMBER

Name

Date of Birth

 

Office use: BSCC/BSYC (Delete as required)

Joined: / / 20

Email:

(Please print)

Street

Address

Post code

Telephone

Contact

Numbers

Name	Tel:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Any medical conditions that we should be aware of? Yes/No

Details:

DATE: / / 20

Signature (Parent/Carer)

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