



CENTRAL LONDON LACROSSE CLUB

Autumn Term 2018

Time of Sessions: Saturday 2.00pm-3.30pm

Term Dates: 15th September to 15th December

Half Term Break: 27th October and 3rd November

Location: The Hub, Regents Park

All prospective members of Central London Lacrosse are required to complete this registration form and return it with e-payment using your daughter's name as a reference.

PERSONAL DETAILS OF PARTICIPANT (please use capitals in DARK ink)

Name of Junior:
Address:
Tel :
School Year:
School:
ELA registration number:

DETAILS OF PARENTS/GUARDIANS PAYMENT DETAILS subscription fee: £120.00

Name 1:	Mobile:
Name 2:	Mobile:
Email:	

Account Transfer Account name: Central Lacrosse

Account Number: 21473166 Sort code: 40-07-17

Ref: Child's name:

I have transferred the subscription fee of £120 for Summer Term 2018 and put my child's name as reference.

Signed..... Date.....

Please note cheques will no longer be accepted; receipts will not be issued.

Please send completed forms to Mark MacLean, Suzanne Mansfield, junior@centrallondonlacrosse.co.uk

MEDICAL INFORMATION & CONSENT OF PARENT/GUARDIAN

(To be completed by PARENT or GUARDIAN if under 18)

In case of Emergency and as part of Central London Lacrosse's responsibility to its members, all players are required to complete this medical information form as accurately as possible.

Alternative Contact:	Relationship:	Mobile :
Dr name:	Surgery:	Phone:
As far as you are aware, are you allergic to any drugs? (please state)		
Do you have any other allergies we should know about?		
Are you taking any regular medication? If so, for what reason?		
Do you have any long term illness/conditions (such as asthma, diabetes or epilepsy) or injuries?		

My child is in good health and I consider her capable of taking part in the Central London Lacrosse Club Activity. I have completed the medical details, and I consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics.

I also understand that whilst Central London Lacrosse Club coaches and representatives will take every reasonable precaution to ensure that accidents do not happen, I will not hold them responsible for any loss, damage or injury suffered by my child whatsoever. I also accept that I am solely responsible for my child once they are outside the lacrosse practice grounds at The Hub at Regents Park.

I will ensure that my child has, and will wear, appropriate protective equipment (i.e. mouth guard and goggles) during all coaching sessions. I will also ensure my child is supplied with a plastic bottle containing drinking water and will explain to them the importance of this during sporting activity.

I agree that photographs of my child taking part in Central London Lacrosse Club activities may be published on the Club's publicity material on condition that their name will not be used.

Junior member name:
Parent/guardian name: (must be the person with legal parental responsibility)
Signature of parent/guardian:
Date: