



# STIRLING YOUNG CURLERS MEMBERSHIP DETAILS

<b>RCCC MEMBERSHIP NUMBER</b>

	FIRST NAME	SURNAME	DATE OF BIRTH	AGE
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
ADDRESS	<input style="width: 100%;" type="text"/>			
	<input style="width: 100%;" type="text"/>			
TOWN	<input style="width: 100%;" type="text"/>		SCHOOL	
POST CODE	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
HOME PHONE	AREA CODE	NUMBER	E-MAIL ADDRESS	
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
MOBILE	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

**In case of emergency, please supply an alternative contact number and the relationship e.g. grandparent / neighbour.**

	EMERGENCY	AREA CODE	NUMBER	RELATIONSHIP
TELEPHONE CONTACT		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
MOBILE		<input style="width: 100%;" type="text"/>		

Are you a member of any other Curling club or clubs? If YES please give details of all your clubs.	YES	NO			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px;">DO THEY PAY YOUR RCCC MEMBERSHIP?</td> <td style="padding: 2px;">YES</td> <td style="padding: 2px;">NO</td> </tr> </table>	DO THEY PAY YOUR RCCC MEMBERSHIP?	YES	NO		
DO THEY PAY YOUR RCCC MEMBERSHIP?	YES	NO			

Please complete if the above named person is under 18 yrs.

Does your child have any special needs, any ongoing medical condition or medication that the coaches should be aware of?  
e.g. Asthma . Any information given will be treated as confidential.

Medical condition	

**PARENTAL CONSENT. PLEASE READ BEFORE SIGNING**

I fully consent to the above named child taking part in all the activities of Stirling Young Curlers which will include video recording ( for coaching purposes ) and photographing of club activities by members of the coaching staff.

**Some photographs with the child's name only may be displayed on the Club Web site.** Please tick if you **do not** wish your child's image or name to be externally published.

I am aware that my child has a responsibility to attend all the sessions of the club and must turn up if selected to play in a team or inform his / her skip if they are unable to play.

**I am also aware that my child should be collected from the Ice Hall by myself, otherwise coaches should be informed of the name of the alternative collector.**

Parent / Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

RCCC SUB PAID	DATE

CLUB SUB PAID	DATE