

**Junior Membership Form**

We are very pleased that you wish to apply to join Portmarnock Sports and Leisure Club.

To ensure we have the correct contact details for your junior members and can process your application, please fill out this form and email it to admin@pslc.ie or print and return to the reception desk

To process your membership application we require the below contact details for each junior member along with a form of ID (e.g. Birth Cert or Passport) . We will also use this information to ensure that you are kept informed about club events.

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| **Junior Member’s Full Name:** |  |
| **Address:** |  |
|  |
|  |
| **Home Tel. Nr:** |  |
| **Age:** |  | **Date of Birth:** |  |
| **Gender:** | [ ]  Male [ ]  Female [ ]  Prefer Not to Say |
| **Emergency contact name:** |  |
| **Emergency Tel No** | **Home:** |
| **Mobile:** |
| **Details of any known medical conditions** |  |

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| --- |
| **Signature of Parent/Guardian Date** |
| **Print Name Parent/Guardian** |