

# CAMBRIDGE JUNIOR CHESS & GO CLUB

## Membership Form

[to be completed by parent/guardian]

CHILD'S DETAILS	Name	
	Date of birth	
	School	
	Details of any relevant medical condition	
PARENT'S DETAILS	Name	
	Address	
	Phone	
	Email	
OTHER EMERGENCY CONTACT	Name	
	Phone	

*(Please tick as appropriate)*

	YES	NO
Can we store your contact details on a computer?	<input type="checkbox"/>	<input type="checkbox"/>
In an emergency can your child be given urgent medical attention/taken to hospital?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be on a parents' rota to help provide supervision at the club?	<input type="checkbox"/>	<input type="checkbox"/>
Is your child allowed to leave the club on their own?	<input type="checkbox"/>	<input type="checkbox"/>

Signature of parent/guardian:

Date:

If you tick yes to storing your details, we will store the information on this form securely and not share it with other organisations. We will use it if we need to contact you, and to help us run the club. Our data protection policy is on our website [www.chessgo.org.uk](http://www.chessgo.org.uk)