



# The Birkenhead Youth Club

## MEMBERSHIP FORM

Membership Number :

ENTIRE FORM TO BE COMPLETED BY PARENT OR GUARDIAN IF MEMBER IS UNDER 18.

NAME OF MEMBER :

ADDRESS OF MEMBER :

POSTCODE :

HOME PHONE NUMBER :

EMERGENCY PHONE NUMBER :

DATE OF BIRTH :

SCHOOL :

ETHNIC ORIGIN (OPTIONAL) : WHITE/BRITISH/OTHER .....  
(This is for funding body forms) (Delete One)

PLEASE LIST BELOW ANY ALLERGIES YOUR CHILD HAS OR ANY MEDICATION HE/SHE IS PRESCRIBED TO TAKE:

PART OF BEING A MEMBER OF THIS CLUB IS BEING OFFERED THE CHANCE TO GO ON TRIPS. PLEASE STATE WHETHER YOU GIVE PERMISSION FOR YOUR CHILD TO TRAVEL ON THESE TRIPS.

PARENTS WILL BE NOTIFIED AND PERMISSION SOUGHT FOR ANY ACTIVITIES DEEMED HAZARDOUS OR OCCURRING OVER 30 MILES FROM THE CLUB.

I..... (print parents/guardians name) give permission for my child ..... (print members name) to take part in non hazardous trips.

Signed :

Date:



Registered in England and Wales 4038868  
Registered Charity No. 1087690  
Club address and Registered Office: The Derek Bibby Centre,  
Watson Street, Birkenhead, CH41 3PY  
Tel/Fax: 0151-647 4484



**President:** Michael G. Lyon, F.C.A., **Chairman & Secretary:** Peter J. Bibby  
**Fundraiser:** Geoffrey F. H. Bibby **Honorary Treasurer:** Mrs. B. Allison **Acting Leader:** John Mazier

Affiliated to the Youth Federation for Cheshire, Halton, Warrington and Wirral, and The National Association of Clubs for Young People