

**Penarth Lacrosse Club**  
**Chris Shumack Hon. Secretary**  
6 Chantry Rise,  
Penarth,  
Vale of Glamorgan,  
CF64 5RS.

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[www.penarthlacrosse.com](http://www.penarthlacrosse.com)

**CLUB MEMBERSHIP FORM - 2007 / 2008**

Senior Member-age16 and above: £25-00      Junior Member £10-00      Associate/Social Member £10-00

All Senior matches £3-00 per game      Training sessions £1-00

You must be a fully paid up member to take part in any training / matches.

**PLEASE PRINT CLEARLY AND COMPLETE THE FORM IN FULL.**

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NAME: \_\_\_\_\_ Age \_\_\_\_\_ DOB (U19's only) \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone No: \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_ Other Emergency contact No \_\_\_\_\_

I am interested in taking a Coaching or Referees course / Helping with any fund raising events (Please circle)

If you are a student which school / university / college do you attend \_\_\_\_\_

Please enclose your membership money / cheques made payable to Penarth Lacrosse Club

Senior £25    Junior £10    Associate/Social £10    Donation \_\_\_\_\_ (Please circle.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**I give my permission for my child/childrens photo to appear on the Club web site and in any newspaper articles we may submit for publication.**

**YES    NO**

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**MEDICAL INFORMATION**

My Son/Daughter \_\_\_\_\_ suffers from medical allergies Yes / NO

He/She is allergic to \_\_\_\_\_ He/She suffers from \_\_\_\_\_

My child has my permission to take part in Lacrosse matches at home and away. I give my permission for the Team Manager/Coach to authorise any emergency medical / dental treatment. needed in the event of an accident or injury during the course of a game, should the parents be unavailable.

Emergency contact no \_\_\_\_\_ Family Doctors name \_\_\_\_\_

Family Doctors address \_\_\_\_\_ Phone No \_\_\_\_\_

Signed: Parent / Guardian \_\_\_\_\_ Date: \_\_\_\_\_

# Penarth Lacrosse Club 2007-2008

## Loan Of Club Equipment

I would like to have on loan for this season one lacrosse stick.

I promise to practise every day for at least 15 mins either with a friend or doing a wall drill.

I will work with both my right hand and my left hand at every opportunity.

I promise to bring my stick with me to every training session and match that i'm involved with.

I will take good care of it and promise that if I should lose or damage the stick I will repay Penarth Lacrosse Club it's full value of £60-00

I will return the stick at the end of the playing season in July unless I have permission from the club to borrow it to practise over the holiday period immediately.

Should I lose interest in playing lacrosse I will return the stick.

If you are happy to agree to the above conditions senior players please sign or U16's please ask your parents/guardian to sign the form below and return it to me

Chris Shumack.

Please tear here.

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I / We would like to borrow a Penarth Lacrosse Club stick/equipment and agree to adhere to the conditions above.

PLEASE NOTE THIS IS A LEGALLY BINDING AGREEMENT

Name / s \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Post code \_\_\_\_\_ Phone No \_\_\_\_\_

Please list all equipment on loan \_\_\_\_\_

Player / Parent or Guardians signature \_\_\_\_\_