



MIDDLESEX JUNIOR SQUASH
COUNTY SQUAD TRAINING
2020/21 SEASON

**Please return this form and payment of £95pp (£80 per additional sibling)
by 18th October 2020 to:**

Vickie Prow (admin@middlesexjuniorsquash.co.uk).

Payment to be made by BACs to: Sort Code: 20-91-79 Account: 40337943

If you need support with payment please do not hesitate to contact Vickie Prow on the above email address.

Participant's Name: _____

D.O.B and Age of Participant(s): _____ (essential)

Participant's Home Club: _____

Coach Name: _____ Home postcode: _____

England Squash Membership number: _____

Email Address: (Parent/guardian): _____

Parent/Guardian Mobile Tel: _____

Emergency Contact: _____ Relationship: _____

Mobile No: _____

Please specify any medical condition(s) of the participant that we should be aware of:

Note all players are required to bring rackets and wear goggles, county t-shirts and non marking soled shoes at all coaching sessions and matches.

I the **Parent/Guardian** of the above named player do hereby give my approval of my/his or her participation in activities at the venues selected and agree to the Middlesex code(s) of conduct. Whilst all reasonable care will be taken by staff and coaches, I recognise the possibility of physical injury associated with this sport, and as part of being a player participant of Middlesex Junior Squash, I hereby release, discharge and otherwise indemnify the venue and Middlesex Junior Squash, their officers, trustees and members, including coaches and volunteers against any claim by or on behalf of the above named player as a result of the player's participation in the programme, including all games, practices, meetings and official activities. The organisers reserve the right to suspend or expel any participant whose behaviour is considered inappropriate or dangerous. Please note that photographs, video footage may be taken in order to create a photographic record and/or aid coaching techniques. Photographs may be used in future publicity but your permission will be sought if relevant. Coaches may be changed during your programme depending on availability, scheduling, and skill level.

Contact will only be made via parents for all children under 16 years. Parents may request children over 16 years old to be included on email distributions, but parents will also be included. Note: it is only necessary to complete this form once. Please treat this as your acceptance of these general conditions for your participation in this in Middlesex Junior Squash activities and any going forwards.

Name of Parent / Guardian: _____

Signature: _____ **Date:** _____

Signature of Participant/Parent/Guardian (By signing above you agree to all of the above)