

JOINING FORM FOR JUNIOR PROGRAMME 2024/25 SEASON

Please check all the informa changes are needed please NOTE: PLEASE COMPLETE A	tick this box.		·		
CONTACT INFORMATION	LE IN ORMAN	SIT WANKED WITH A	•		
Name: *		Home Phone	:		
Male: * Female: *		Mobile Phon	e: *		
Date of birth: *		Age: *			
Address: *		Doctors name	Doctors name, Address & Telephone: *		
Postcode*:		Emergency C	ontact Name: *		
Email: *		Emergency C	Emergency Contact Number: *		
School/College: *		Health Condi	Health Conditions (If none, please state): *		
PLEASE NOTE: Some of the session Information has not changed you N	1UST indicate th	ne session you want t	,	ct	
Which session or sessions would y					
Junior Programme (All standards)	Wednesday	5.00 - 6.30pm	New City Fitness Centre		
Junior Programme (All standards)	Wednesday	6.30 – 8.00pm	New City Fitness Centre		
Junior Programme (All standards)	Friday	5.00 – 6.30pm	New City Fitness Centre		
Junior Programme (All standards)	Friday	6.30 – 8.00pm	New City Fitness Centre		
Junior Programme (All standards)	Saturday	12.00 - 1.30pm	Sylvestrian Sports Centre		
Junior Programme (All standards)	Saturday	1.30 – 3.00pm	Sylvestrian Sports Centre		
Junior Programme (All standards)	Sunday	12.00 - 1.30pm	Sylvestrian Sports Centre		
Junior Programme (All standards)	Sunday	1.30 – 3.00pm	Sylvestrian Sports Centre		

<u>Monthly</u> Fees are as follows (Per session): All classes are currently £15.00 per session. Payment is taken on the 1st of each month.

Annual membership/affiliation fee due on joining: £10.00.

PLEASE NOTE: Essex Badminton Academy only use **Standing orders** for all payments.

Monthly fees and the annual affiliation fee are now taken by Direct Debit. Once this form has been completed and returned, you will be given details of how to set up the direct debit. Monthly fees are taken on the first day of the month.

If you would like an academy shirt, please visit our website <u>www.essexbadmintonacademy.com</u> for details.

Please sign to confirm your agreement: Members signature: *	
Parents Signature (If member is under 16): *	
Date: *	

Standing Order Details-

Name- Essex Badminton Academy

Sort Code- 60-83-71

Account Number- 37953635

Reference- (Name of Attendee) *