

London Giants Volleyball Club

Junior Membership Application Form

APPLICANT INFORMATION (to be completed by parent/guardian)

- Full Name of Player: _____
- Date of Birth: _____
- Phone Number (if applicable): _____
- Email (if applicable): _____
- Current Address: _____
- Application Date: _____

Signature: _____

EMERGENCY CONTACT (must be different from applicant if under 18)

- Full Name: _____
- Relationship to Player: _____
- Phone Number: _____
- Address: _____

MEDICAL INFORMATION

1. Does your child have a known medical condition? Yes / No

If yes, please give details (e.g. medication, brief details for response):

2. Does your child currently have an injury or recurring health condition that may affect participation? Yes / No

If yes, please give details:

MEMBERSHIP AGREEMENT

(All items are mandatory – circle Yes or No)

1. I understand and agree that my child will apply and abide by the London Giants Volleyball Club (“Club”) Membership Terms and Conditions (as amended from time to time) during the continuance of membership. Yes / No
2. I confirm that I understand that volleyball is a physical activity, that my child takes part at their own risk, and that I am responsible for ensuring they are physically able to participate. Yes / No
3. I agree to the processing of my (or my child’s, if under 18) personal data by London Giants Volleyball Club for all purposes necessary for training, playing, and participation with the Club. This includes sharing data with Volleyball England where required to ensure compliance with their regulations.
I also consent to the use of photography and video recording by the Club for coaching, safeguarding, promotional, and publicity purposes (including use on the Club’s website, social media channels, and in printed materials), in line with Volleyball England’s Safeguarding and Protecting Young People in Volleyball Policy.
I understand that I may withdraw consent for photography and video at any time by notifying the Club in writing.
Yes / No
4. I agree that my child will represent London Giants Volleyball Club in the 2025/26 season for competitions entered by the Club. Yes / No
5. I understand that London Giants Volleyball Club reserves the right to refuse or cancel membership without warning in cases of inappropriate behaviour, non-compliance with Club rules, safeguarding concerns, or other justifiable reasons.
Yes / No
6. I acknowledge that the Club covers the cost of court time, coaching, and participation expenses. I commit to supporting my child’s regular attendance at training, matches, and team events. Yes / No

SIGNATURES

Parent/Guardian Consent

I, the undersigned parent/guardian, consent to my child's participation in all training, matches, and activities with London Giants Volleyball Club. I confirm I have read and understood the Membership Agreement above.

- Full Name of Parent/Guardian: _____
- Relationship to Player: _____
- Phone Number: _____
- Email: _____
- Signature of Parent/Guardian: _____
- Date: _____

Player Declaration (if aged 14–17)

I, the undersigned player, agree to follow the Club's rules and respect my coaches, teammates, and opponents.

- Signature of Player: _____
- Date: _____

CLUB USE ONLY

- Membership Approved: Yes / No
- Date of Birth Confirmed by the parent/guardian: Yes / No

CONFIDENTIALITY NOTICE

This form is confidential and intended solely for the use of London Giants Volleyball Club. Unauthorised access, distribution, or disclosure of its contents is strictly prohibited.