OFFICE USE	



SATURDAY JUNIOR CLUB - MEMBERSHIP FORM 2025

Title & Full Name	e: Mr/Mrs/Ms/Miss		
Date of birth:	Aged 5-7yrs 31/8/2025:		
Gender:			
Contact details	How we can contact your parent or guardian.		
Address:	Tel no: _		
	Mobile: _	-	
	Post code:		
Email address:			
Guardian/parent s	signature/dated:		
	20RENEWAL £100		
VEHICLE REG. NO		Payment Received: Cash/Cheque Card.	
Visit www.doncaste	erathleticclub.com for on-line payments		
activities/training at a accidents, injuries, lo Doncaster AC is a cor of athletics. I will ab	indicate the following: I am medically fit and un my own risk and agree that Doncaster AC or it oss or damage that may occur because of my m mpeting Club, and I confirm that I am an amat oide by the Clubs code of conduct and act within graphs to be taken and used within the Club pho	rs agents shall not be liable for any nembership. I understand that reur as defined by the governing body in the club policy/rules. I give	
ON REACHING THE	AGE OF 8 YEARS YOU ARE AUTOMATICALLY HE UNDER 11S COACHING GROUP, TRAINING	UPGRADED TO STANDARD	
UPGRADE FEE OF £1	10 PAID (CASH/CARD/CHEQUE)		
DATE UPGRADED			

