



Colchester United Community Sports Trust

CUCST Loyalty Scheme

This form is to be completed by the Parent/Guardian of any young person who wishes to join the CUCST Loyalty Scheme.

Please complete this form in **BLOCK CAPITALS** (one child per form).

Child Details;

First name:		Surname:	
Male:		Female:	
		Date of birth:	/ /
Home Address:			
Postcode:		Telephone Number:	

Does your child have any current medical conditions which may affect participation?

Yes:		No:		Details:	

Current School attended;

School name;	
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Child's Doctor/Surgery Details;

Doctor's Name	Surgery's Name	Tel. Number

Parent/Guardian Details;

First name:		Surname:	
Home Address:			
Postcode:		Telephone Number:	

Further Contact Details;

	Name:	Home Telephone	Mobile Telephone:
Emergency contact 1:			
Emergency contact 2:			

Please print your name below and make cheques payable to CUCST

I _____ give permission for the above named child to participate in the CUCST Loyalty Scheme and enclose a payment of **£10.00**

Signed:		Date:	
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'Changing Lives and Communities through Sport'