



## Clubs and Societies 2007/2008



Name: \_\_\_\_\_ Club/Society: \_\_\_\_\_

LJMU Member  IF yes please give Registration/ID number: \_\_\_\_\_

Non LJMU Member

Term Time Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Phone/Mob \_\_\_\_\_

Email \_\_\_\_\_

Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Phone/Mob \_\_\_\_\_

Email \_\_\_\_\_

Are there any medical details that you should make us aware of?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently or have you ever been injured? If yes please give details:

\_\_\_\_\_  
\_\_\_\_\_

### Next of Kin

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

### For Internal Use Only

#### Payment Details:

##### Membership Fee

None  Cash  Cheque

Amount: \_\_\_\_\_

Payable to LSU. Must write cheque guarantee card number and expiry date on the back of the cheque

##### Associate Membership

Not Applicable

Applicable  £5.00 Paid

Staff Signature: \_\_\_\_\_

**LSU  
Participation  
Statement**



By signing this Participation Statement, you agree to abide by the guidelines of your club and LSU Equal Opportunities and Safe Space Policy and be bound by the LSU Constitution. Details are available on request on the LSU website [www.L-S-U.com](http://www.L-S-U.com) (Your Union Policy and Constitution).

It is the responsibility of the individual to inform the Club or Society Officer/committee member/event leader of any relevant medical conditions or injuries that the Student Union should be aware of which may affect you or the safety of others whilst participating. If you are unsure, please consult your GP before taking part.

You may be participating in activities with an above average risk with Medical Services not in the immediate vicinity. It is your responsibility to fully understand the activity, the risks involved and the equipment needed for safe participation.

Signed \_\_\_\_\_ (Club Member) Date: \_\_\_\_\_