

# Application Form

Annual subscription £20

## Personal Details

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_

Email \_\_\_\_\_ Member's Mobile \_\_\_\_\_

## School Details

School Name and Year Group \_\_\_\_\_

## Parents / Guardian Details

Mother / Guardian's Name (For under 18's) \_\_\_\_\_

Email \_\_\_\_\_ mobile \_\_\_\_\_

Father / Guardian's Name (For under 18's) \_\_\_\_\_

Email \_\_\_\_\_ mobile \_\_\_\_\_

## Medical Details and Personal Information

Do you suffer from any allergies or medical conditions? If YES, please specify

\_\_\_\_\_

Is there anything else you feel we should be aware of concerning welfare?

## Declaration

- I enclose cheque (made payable to PYT) for £20.00 or
- I have paid online: CAF bank 40-52-40, a/c 00028502, please reference FM then applicant's name
- I enclose TWO passport sized photographs
- I have read and understand the PYT Guidelines.

Signed \_\_\_\_\_ Print \_\_\_\_\_

Parent / Guardian if under 16

**Deadline: 20 April 2017, membership begins 21 April 2017**