WEST COAST SEA ANGLING CLUB REGISTRATION FORM FOR JUNIOR MEMBERSHIP AGED 12-16 YEARS

Full Name:			WESI COAST
E-mail address for correspondence:			OF ANOLING OLUD
Telephone number: Home:		Mobile:	
Date of Birth:	Addre	ss:	
Postcode:			
Subscription fee of £15 enclosed	Yes/No*	Cash/Cheque*	(please delete as appropriate)
Please note that the committee of the event of this occurring, the applicant All registration forms need to be han Fishing Supplies.	t will be notifi	ed within 7 days of	receipt of this registration form.
DECLARATION - I hereby agree that membership starter pack, to read the and to abide by these rules as long a nor its representatives or employees loss of life sustained or caused by a WCSAC competition including the S CONSENT - To be completed by the agreement should the junior membe be accompanied only by the signed	rough the rule as I remain a , will accept r ny member, n ummer Boat e legal guardia r wish to part	es of the West Coas full paid member. I a no liability whatsoev no matter how cause League and Winter an or parent supervi icipate in any club o	st Sea Angling Club ("WCSAC") acknowledge that the WCSAC ver for any accident, injury or ed, during the course of any Shore League. ising the junior. This is under the competition or league they must
should a junior be left unattended.			
Signed (Junior Member)			
Signed (Parent/Legal Guardian)			
Date:			