



asteroidsmajorettes@gmail.com
www.asteroidsmajorettes.co.uk

New Member Policy

MEMBERS DETAILS:

Only the Troupe Leader and Trainer will have regular access to this information. This information may be shared with relevant organisations (see GDPR policy). Some troupe members may be made aware of relevant information if required for the members safety (e.g. allergies).

Full Name: _____

Preferred Name: _____

Pronouns: _____

Date of Birth: _____

Full Address: _____

Postcode: _____

GP Name: _____

GP Address: _____

Postcode: _____

Telephone # : _____

Any known allergies (e.g. Medication, Food, Plasters?)

YES / NO

If YES, please specify: _____

YES / NO



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Any known medical conditions inc. learning challenges?

If YES, please specify:

Will these affect their ability to take part in majorettes?

YES / NO

If YES, please detail how:

GUARDIAN DETAILS:

This information will be used by the Troupe Leader and Troupe Trainer only (unless agreed otherwise) to communicate with the guardian information pertinent to the member participating in activities and events for Asteroids. Examples of communications include but are not limited to subs payments; gradings; competitions; events; behaviour. Please provide details of all pertinent guardians.

Full Name:

Relationship to member:

Full Address:

Postcode:

Telephone # :



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