

This form is for applicants aged 18 and under

NAME OF MEMBER WHO INTRODUCED YOU OR HOW DID YOU FIND US.....

PLEASE PRINT IN ALL SECTIONS

APPLICANT’S FIRST NAME.....INITIALS.....SURNAME.....

AGE.....DATE OF BIRTH.....GENDER.....

ADDRESS.....

.....POSTCODE.....

PHONE NUMBER HOME.....MOBILE.....

EMAIL ADDRESS (PLEASE PRINT CAREFULLY)*

*Tick if you don’t want our club officials, coaches, team captains, competition organisers or the LTA to contact you by email .

IMPORTANT INFORMATION

EMERGENCY CONTACT’S NAME.....RELATIONSHIP TO YOU.....

HIS/HER CONTACT NUMBER.....WORKS NUMBER.....

ARE THERE ANY DIETARY OR MEDICAL CONDITIONS OUR COACHES, OFFICIALS, TEAM CAPTAINS SHOULD BE AWARE OF?
.....

APPLICANTS AGED 16 AND OVER PLEASE SIGN BELOW, FOR THOSE UNDER 16 PLEASE SEE NEXT SECTION AND A SIGNATURE IS NOT REQUIRED HERE.

PLEASE SIGN.....DATE.....

COMPLETION OF THIS DECLARATION IS ESSENTIAL IF THE APPLICANT IS UNDER 16.

PARENT GUARDIAN OTHER PLEASE TICK

BY SIGNING AND RETURNING THIS FORM I AGREE TO.....(CHILD’S NAME) TAKING PART IN THE GENERAL ACTIVITIES OF THE CLUB, THAT HE/SHE ABIDES BY THE RULES OF THE CLUB AND I AGREE TO ACCEPT THE CODES OF CONDUCT. TO MY KNOWLEDGE HE/SHE HAS NO DIETARY REQUIREMENTS, ALLERGIES,OR MEDICAL CONDITIONS THAT COULD AFFECT HIS/HER SAFETY AT THE CLUB OTHER THAN THOSE DECLARED ON THIS FORM. I UNDERSTAND THAT IN THE EVENT OF ANY ILLNESS, INJURY, OR OTHER MEDICAL NEED, ALL REASONABLE STEPS WILL BE TAKEN TO CONTACT ME AND TO DEAL WITH THE SITUATION APPROPRIATELY. I AGREE TO NOTIFY THE CLUB OF ANY CHANGES TO THE INFORMATION PROVIDED ON THIS FORM.

SIGNED.....DATE.....PRINT NAME.....

FOR SUBSCRIPTIONS PLEASE REFER TO THE “MEMBERSHIP CATEGORIES AND SUBSCRIPTION RATES” FORM.