

ANGMERING-ON-SEA LAWN TENNIS CLUB

JUNIOR/MINI APPLICATION FORM (18 & Under)

2020-2021

First Name:	Surname:	Date of Birth:
		Male/Female:

Address:	Type of Membership	
	Mini 8 & under	
Post Code:	Mini 9 - 10	
Tel. No. Ex. Dir. Yes/No	Junior 11 - 18	
Mobile phone no:	Junior 11 - 18	
E-mail:	Out of county	
British Tennis Membership No.		
LTA Rating (where applicable)		
How did you hear about the club?		

CONTACT DETAILS OF PARENT

Name:	Relationship to Applicant:
Address: If different from above	
Contact No: Home:	Mobile:
Work:	E-Mail:

PARENT/GUARDIAN DECLARATION (Required if Applicant is under 16 years of age)

By signing and returning this form, I agree to..... (Child's name) taking part in the general activities of the club. He/She has agreed to follow the Junior rules of the Club and **I agree to accept the Code of Conduct for parents.**

To my knowledge he/she has no special care needs, dietary requirements, allergies or medical conditions other than those declared on this form, that could affect his/her safety at the Club. I understand that in the event of an injury, illness or other medical need, all reasonable steps will be taken to contact me and to deal with the situation appropriately.

I understand that I must inform the Club of any changes to the information provided on this form.

Parent/Guardian:	Date:
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Please note this information may be stored on a computer database.

We will hold your personal details for the purposes of club business including establishing or maintaining membership and the provision of membership services to you. This may include advising you of events and offers available to club members. We will not disclose your details to 3rd parties excluding other club members.

Please make sure that you inform us if you change your contact details

If you do not wish your child/children to be involved in any publicity, including photographs or video footage organised by the club, please mark a cross here ☐

By filling in this form, your child/children will be automatically invited to sign up to **free** British Tennis Membership Lite or BTM Child according to age. For more information visit: www.LTA.org.uk/membership

If you **do not** wish your child/children to participate in the scheme, please mark a cross here ☐



JUNIOR MEDICAL FORM

Name.....

1. Does your child have any medical condition?
Please give details:

2. Does your child use medication?
Please give details:

3. Does your child use an inhaler?
Where is he / she likely to keep it when out?

4. Does your child wear a medical alert?
If so where is it worn?

Name of Doctor.....

Tel. No.....

I consent / I do not consent to any emergency medical treatment necessary while at the club. (Please delete as appropriate)

Signed.....Parent/Guardian Date.....

Emergency Contact Telephone Numbers 1.....

2.....