



2011 Application for Junior Membership

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|--|---|---------------|--------------|
| Junior's Name | | | |
| Date of Birth | | Gender | M / F |
| Parent's Name | | | |
| Address | | | |
| | | | |
| | Post Code | | |
| Telephone | Home | Mobile | |
| Parent's email address (for BCC only use) | <i>The Club's preferred method of communication</i> | | |
| Signed: | | | Date: |

| | Cost | ✓ |
|--|-------------|----------|
| <i>Junior 8-17 yrs (Free if under 8 on 1.4.11 <u>and</u> if parent is a full member)</i> | £25 | |
| <i>Administrative membership for non-playing parent of a junior *</i> | £10 | |

* If a Junior joins without a full adult member playing parent, an Administrative Membership fee of £10 is due in addition to £25 Junior membership fee.

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| Please use this box to tell us about any special needs, allergies, medical conditions etc : |
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PARENT DECLARATION (if applicant is under 18 years of age on 1.4.2011)

By signing and returning this form, I agree to _____ (child's name) taking part in the general activities of the St Columba's Lawn Tennis Club. S/he has agreed to follow the Junior Rules of the Club, and I agree to accept the Code of Conduct for Parents.

To my knowledge, s/he has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club - other than those declared above. I understand that in the event of any 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.

In case of emergency, please ensure Parent details are completed in full overleaf and in Block Capitals . We would also be grateful if you would please complete the "Where did you hear about us" section.

Signature of Parent _____ Date _____

LTA Child Protection - www.LTA.org.uk/childprotection
 Tel : 020 8487 7008/7116 Mobile (24 hour) : 07971 141 024 Email : childprotection@lta.org.uk