

Cholsey Tennis Club 2009/10 Membership Form



MEMBER DETAILS

Please complete relevant boxes only

Voluntary Only - Ethnic Origin

Adult 1 Name		
Adult 2 Name		
Junior 1 Name	Date of Birth	
Junior 2 Name	Date of Birth	
Junior 3 Name	Date of Birth	
Junior 4 Name	Date of Birth	
Address		
Postcode	Telephone No.	
Mobile No. 1	Mobile No. 2	
Email Address 1	Email Address 2	Email Address 3
Please use this box to advise of any disabilities, special care needs, dietary requirements, allergies or medical conditions		

I/ We enclose a cheque for £ _____ for membership

I/ We enclose a cheque for £ _____ for tournament fees

I/ We enclose a cheque for £ _____ for floodlight sessions

This makes a total cheque of: £ _____

If you would like your name(s) to be entered for the Wimbledon Ticket Draw please note down the names and British Tennis Membership No.s (born 1999 or earlier) for all those who wish to be included in the draw

DON'T FORGET TO SIGN THE DECLARATIONS

Completed Forms

Please send completed forms, together with a cheque (payable to Cholsey Tennis Club) for membership fee and tournament entry, to Jenny Robson, The Paddocks, Church Road, Cholsey, OX10

9PP

DECLARATIONS

We give consent for our name (s), addresses, email and telephone numbers being held on the Club's Computer Records. Data will only be used regarding club matters and not for commercial purposes. Tick if you do not agree

We are happy for our name (s), email and telephone numbers (cross out if necessary) to be available to club members for club matters (coaching, matches, socials, tournaments, friendly play) only. Tick if you do not agree

Parents Declaration for Children

By signing and returning this form, I agree to my child (ren) 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 that could affect his/her safety at the club, other than those declared on this form. I understand that in event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and deal with the situation appropriately. I understand that I must inform the club of any changes to the information provided on this form.

Please sign & date _____

British Tennis Membership

As part of your membership, Cholsey Tennis Club pays the LTA an affiliation fee. This entitles you to free membership to British Tennis. If you do not wish for the club to apply for membership on your behalf, please tick here

Agreement of Club Rules

We wish to apply for / renew membership of Cholsey Tennis Club from 1st April 2009 to 31st March 2010 and agree that I/we, and all family members will abide by the club rules

Please sign & date _____

Child Protection

Cholsey Tennis Club - Child Protection Officer: Sandra Stickland - 01491 651707

LTA Child Protection: Tel: 0208 487 7008 Mobile 07971 141 024

Email: childprotection@lta.org.uk