

CHOLSEY TENNIS CLUB 2019-2020 MEMBERSHIP APPLICATION FORM

| | | | |
|----------------------------|---------|-------------------------|---------|
| ADULT | | | |
| NAME: | | BTM No: (if applicable) | |
| | TEL No: | EMAIL: | |
| NAME: | | BTM No: | |
| | TEL No: | EMAIL: | |
| INTERMEDIATE/JUNIOR | | | |
| NAME: | | DoB: | BTM No: |
| | TEL No: | EMAIL: | |
| NAME: | | DoB: | BTM No: |
| | TEL No: | EMAIL: | |
| NAME: | | DoB: | BTM No: |
| | TEL No: | EMAIL: | |
| NAME: | | DoB: | BTM No: |
| | TEL No: | EMAIL: | |
| ADDRESS | | | |

| Fees | Adult | | £105 | Total fees | £ | Enclosed | |
|------|--------------|---|------|--|---|--------------|--|
| | Intermediate | Over 16 & Under 18 on 1 st April 2019 | £65 | | | Paid by BACS | |
| | Junior | Under 16 on 1 st April 2019 | £50 | Please return completed form to Jenny Robson, 30 Brentford Close, Cholsey, OX10 9PZ or any committee member. Cheques payable to 'Cholsey Tennis Club' or online banking payment to: Sort Code 30-99-03 Account no. 17371360 with your name as the reference. | | | |
| | Family | (Max. 2 adults and any number of intermediate/juniors living at same address) | £210 | | | | |
| | Country | (Greater than 30 miles from the club) | £50 | | | | |

IMPORTANT: Please sign the declarations (as appropriate) and the acceptance of compliance with the club rules below.

Use of Personal Data:

We give consent for our name(s), address, email and telephone numbers being held on the Club's Computer Records. Data will only be used regarding club matters (incl. coaching, matches, socials, tournaments, friendly play) and will not be used for commercial purposes.

Signed:

Date:

Parent's Declaration:

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.

Signed:

Date:

Agreement to Club Rules:

We wish to apply for/renew membership of Cholsey Tennis Club from 1st April 2019 to 31st March 2020 and agree that I/we, and all family members will abide by the club rules.

Signed:

Date:

The Club may use photos of activities at the club for publicity and information. Please tick this box to give the club your permission to use any photos of club activity in which your face may appear for this purpose (applies to adults only).