



**WARSASH TENNIS CLUB**  
**JUNIOR MEMBERSHIP**  
**RENEWAL / APPLICATION FORM**  
**1<sup>st</sup> May 2017 – 30<sup>th</sup> April 2018**



CATEGORIES	CRITERIA	COST	PLEASE TICK
Junior:	Aged under 18	£18:00	<input type="checkbox"/>
Junior:	As part of family membership	n/a	<input type="checkbox"/>

In order to maintain our records and to keep you informed of club events and news please complete this form and either email to: [kirwan\\_264@hotmail.com](mailto:kirwan_264@hotmail.com) or post to K Kirwan, 2 Golf House, Hook Park Est/Rd, Warsash, SO31 9LH

**PAYMENTS**

**Your membership MUST be paid by 1<sup>st</sup> JUNE 2017 to be eligible to play in LEAGUE MATCHES & CLUB TOURNAMENTS**

**Bank transfer-** Please use your name as a reference and email our treasurer confirming payment – [helen@fluidfabrications.co.uk](mailto:helen@fluidfabrications.co.uk)

**Acc No: 50940224**

**Sort Code: 20-30-89**

**Cheque** – Please post to K Kirwan, 2 Golf House, Hook Park Est/Rd, Warsash, SO31 9LH

Payable to:

Warsash Tennis Club

Payment type: Chq  Bank Transfer  Amount: £ \_\_\_\_\_

Name (PRINT):			
Date of Birth:	Male/Female		
Address:			
		Post code:	
Contact Nos:	Mobile:	Home:	
	Email:		

Please enter me into the **WIMBLEDON DRAW** (tick box).  
 I have **paid my full membership** before **4<sup>th</sup> May 2017**, **pre-registered** with the LTA and “**opted in**” on the LTA Website.  
[www.lta.org.uk/membership](http://www.lta.org.uk/membership) - **My British Tennis Membership No is** \_\_\_\_\_

*Please provide details of apparent or guardian that we can contact in case of an emergency:*

Name (PRINT) & Relationship to Junior:			
Contact Nos:	Mobile:	Home:	Work:
	Email:		
Address:			

**In order to provide a safe environment for all our players please provide details of any allergies, medical conditions or special requirements pertaining to the Junior member named above:**

**PARENT/GUARDIAN DECLARATION:** I agree to the name Junior taking part in club activities. I agree that all parties are bound by the Rules and Constitution of Warsash Tennis Club and agree to follow all Codes of Practice’s adopted by WTC. To my knowledge he/she has no adverse medical conditions or care needs, other than those stated above, that could affect his/her safety and I agree to inform the club of any changes, immediately. I understand that in the case of illness, injury or medical emergency all reasonable steps will be taken to deal with the situation appropriately and that I will be contacted immediately.

**Parent/Guardian’s signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

07/16

Membership Form Received (date): \_\_\_\_\_ Payment Received (date): \_\_\_\_\_