



WARSASH TENNIS CLUB
JUNIOR MEMBERSHIP
RENEWAL / APPLICATION FORM
1st May 2018 – 30th April 2019



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 or post to K Kirwan, 2 Golf House, Hook Park Est/Rd, Warsash, SO31 9LH

PAYMENTS

Your membership MUST be paid before 1st JUNE 2018 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.noble2@bopenworld.com

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^h May 2018, **pre-registered** with the LTA and “**opted in**” on the LTA Website.
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:

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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:** _____

05/18
 Membership Form Received (date): _____ Payment Received (date): _____