



JUNIOR MEMBERSHIP APPLICATION FORM 2008

Welcome to Warsash Tennis Club. In order to provide a safe club for all our junior members, and to keep you up to date with club activities, we would like you to tell us some information about yourself. Please complete this form and also get a parent or guardian to sign it if you are less than 16 years old.

Junior membership costs £15.00 for the 12 months beginning from 1st May 2008. Payment can be in cash or by cheque.

Cheques should be made payable to Warsash Tennis Club.

Please return the form and your payment to:

Kumi Coulthard, Serendipity, 3A Crofton Way, Warsash, Southampton SO31 9FQ

NAME (Please print)			
DATE OF BIRTH		GENDER	MALE / FEMALE (delete as appropriate)
ADDRESS			
Contact numbers:	HOME		
	MOBILE		
EMAIL ADDRESS			
Please provide details of a parent or guardian that we can contact in case of an emergency:			
NAME (Please print)			
Relationship to Junior			
Contact numbers:	MOBILE		
	HOME		
	WORK		
ADDRESS			
EMAIL ADDRESS			
Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:			
Members signature:	Signed	Date	
Parent/guardian declaration (essential if applicant is under 16 years of age)			
By signing and returning this form, I agree to _____ (Junior member's name) taking part in the general activities of the club. He/she has agreed to follow the code of practice for young people and I agree to accept the code of practice 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 the event of any injury, illness or 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.			
Parent/guardian	Signed	Date	
	Name		