

GRAFTON TENNIS AND SQUASH CLUB JUNIOR MEMBERSHIP FORM

Welcome to Grafton Tennis and Squash Club. If you are completing this form and are under 16 years old, please get a parent or guardian to sign it.

The membership fees are as follows (please tick the appropriate box):

Children under 12 - £15	<input type="checkbox"/>
Children 12-16 years - £30	<input type="checkbox"/>

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.

Name:	Please keep the Club informed of any changes to your contact details
Date of Birth:.....	
Gender: Male / Sender	
Address:.....	
Preferred phone number:	
E-mail address:	

Please provide details of a parent/guardian that we can contact in case of an emergency:

Name:	Please keep the Club informed of any changes to your contact details
Relationship to Child:.....	
Address:.....	
Preferred phone number:	
E-mail address:	

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Payments should be made out to **The Grafton Tennis and Squash Club** and can be paid either:

By Cheque posted or left at the Bar addressed to: Membership Secretary The Grafton Tennis and Squash Club 70A Thornton Road London SW12 0LF	By bank transfer to: Account name: Grafton Tennis Club Ltd Bank: Barclays Clapham Common Sort code: 20-21-78 Account number: 70408271
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Please include your surname as a reference and send an e-mail confirming your payment to: toby.mitchell@btinternet.com

DATE: For club use only (Date received/dealt with).....

Member's signature:

Signed:..... Date.....

Parent/guardian declaration (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to (child's name) 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. I am aware that the club premises and site are generally unmanned and that the club is therefore unable to provide supervision or other care for children, except during official coaching sessions and other events specifically organised for junior members, unless advised otherwise.

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 other 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.

Signed:.....Date:.....

Name:.....

LTA Child Protection

T: 0208 487 7008/7116
M (24 hour): 07971 141 024
E: childprotection@lta.org.uk
www.LTA.org.uk/childprotection

