



JUNIOR/MINI APPLICATION FORM (18 & Under) 2024 - 2025

First Name:	Surname:	Date of Birth:
		Male/Female:

Address:	Type of Membership	
	Mini 8 & under	
Post Code:	Mini 9 - 10	
Tel. No.	Ex. Dir. Yes/No	Junior 11 - 18
Mobile phone no:		Junior 11 - 18
E-mail:		Out of county
British Tennis Membership No.		
LTA Rating (where applicable)		
How did you hear about the club?		

CONTACT DETAILS OF PARENT

Name:	Relationship to Applicant:
Address: If different from above	
Contact No:	

PARENT/GUARDIAN DECLARATION (Required 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** which can be found on the club's website.

To my knowledge he/she has no special care needs, dietary requirements, allergies or medical conditions other than those declared on this form, that could affect his/her safety at the Club. I understand that in the event of an 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.

Parent/Guardian:	Date:
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Please note this information may be stored on a computer database.

We will hold your personal details for the purposes of club business including establishing or maintaining membership and the provision of membership services to you. This may include advising you of events and offers available to club members. We will not disclose your details to 3rd parties excluding other club members.

Please make sure that you inform us if you change your contact details

If you do not wish your child/children to be involved in any publicity, including photographs or video footage organised by the club, please mark a cross here ☐

Family Membership - Three or more playing members of the same family living in the same household and including children under 18 and at least one adult playing member or an adult coached member will be eligible for a 10% discount on their total fees.

Cheques made payable to A O S Lawn Tennis Club
Bank details if paying by BACS or setting up a monthly payment:
Sort Code: 20-98-74
Account No: 10210730
Account: A O S Lawn Tennis Club
Please note the monthly payment should be paid into the club's bank account on the 1st of each month.

Please see subscription list for fee to pay for membership.

Joining Fees are as follows:
Adult/Int. & Coached £40 per person
Parent/Guardian, Student, Junior £15 per person

If you have any queries, please e-mail angmeringlawntennisclub@btinternet.com or telephone the office on 01903 850553



JUNIOR MEDICAL FORM

Name.....

1. Does your child have any medical condition?
Please give details:

2. Does your child use medication?
Please give details:

3. Does your child use an inhaler?
Where is he / she likely to keep it when out?

4. Does your child wear a medical alert?
If so where is it worn?

Name of Doctor.....

Tel. No.....

I consent / I do not consent to any emergency medical treatment necessary while at the club. (Please delete as appropriate)

Signed.....Parent/Guardian Date.....

Emergency Contact Telephone Numbers 1.....

2.....