



Peak Gateway Leisure Park, Moor Lane, Ashbourne DE6 1NA  
<https://clubspark.lta.org.uk/ashbournetennisclub>

**REGISTRATION FORM - 2024 SEASON**

Annual Subscriptions for membership season 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025

Type of membership	Annual Subscription	Notes
Adult - tennis	£120.00	
Adults aged 25 and under not in full time education	£60.00	As of 1 April 2024
Adult non-playing	£13.50	Gives entitlement to vote at AGM
Full-time student	£30.00	As of 1 April 2024
Junior (under 8)	£20.00	As of 1 April 2024
Junior (8 to 17)	£25.00	As of 1 April 2024
Family	£240	Covers 2 adults and 2 children (Being full-time students or juniors).
Country Membership	25% discount on above rates	Must be living more than 20 miles from the club

**NOTE:** All subscriptions are due for payment by **30 April 2024**. An extra £10 penalty is to be paid in addition to the annual subscription by any existing adult member who fails to pay by this date.

Full name	Date of Birth	Mobile Number	Membership Type	* LTA Membership No. If known

Address: .....

..... Postcode: .....

Home Tel. No. .... Email address: .....

New members are entitled to become a \*Tennis Advantage Fan Member at no charge. This has added benefits - <https://www.lta.org.uk/advantage>.

**We take Safeguarding and Data Protection very seriously. The relevant policies can be found on our website - <https://clubspark.lta.org.uk/ashbournetennisclub/policies>**

**For junior members only**, the consents and emergency contact details overleaf **MUST** be completed

Total Fees enclosed £ ..... Signature: ..... Date: .....

**Email completed forms should be sent to:** [gregkimber2000@yahoo.co.uk](mailto:gregkimber2000@yahoo.co.uk)

**BACS Payments:** - Account No. 51559968 Sort Code: 30-80-95. Please make cheques payable to **Ashbourne Tennis Club** and send to the Club Treasurer, Frank Beer, at 29 Stanton Road Ashbourne DE6 1SH

**For all members 16 and under - Medical Information and Parental Consent**

(To be completed by PARENT or GUARDIAN)

Name of Child: .....

Details of any long-term illnesses / injuries / other medical conditions:  
(If none, state None):

.....

Details of any known allergies to any drugs: .....

**Emergency Contact 1**

Name: ..... Relationship: .....

Contact Tel No. .... 2nd Contact No. ....

**Emergency Contact 2**

Name: ..... Relationship: .....

Contact Tel No. .... 2nd Contact No. ....

I consider the above-named child to be physically fit and capable of full participation and agree to notify the Club of any changes to the medical information provided. In the event of any injury, I understand that all reasonable steps will be made to contact me and to deal with the situation appropriately and I hereby give my permission for any Club coach or first aider to obtain emergency medical treatment on my behalf.

**Photography:** In some environments it is impossible to control photography by external parties. However, I am aware that there may be times that photographs may be taken by approved persons of Ashbourne Tennis Club. Such images will only be used for press/publicity purposes, including in local press articles, other promotional articles (including flyers) and the Club's website and social media posts. I hereby give my consent for the above-named child to feature in such images.

Parent / guardian name (please print): .....

Parent / guardian signature: .....

Date: .....