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Peak Gateway Leisure Park, Moor Lane, Ashbourne DE6 1NA [www.ashbournetennis.org.uk](http://www.ashbournetennis.org.uk)

**REGISTRATION FORM - 2021 SEASON**

Annual Subscriptions for membership season 1st April 2021 to 31st March 2022

|  |  |  |
| --- | --- | --- |
| **Type of membership** | **Annual Subscription** | **Notes** |
| Adult - tennis | £80 |  |
| Adult - social only | £10 | Gives entitlement to vote at AGM |
| Full-time student | £20 | As at 1 April 2021 |
| Junior (under 8) | £15 | As at 1 April 2021 |
| Junior (8 to 17) | £20 | As at 1 April 2021 |
| Family | £160 | Covers 2 adults and 2 children  (Being full-time students or juniors). |

**NOTE:** All subscriptions are due for payment by **30 April 2021**. 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** | **BTM No. \*\***  **(if known)** |
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Address: ………………………………………………………….………..........................................................

……………………………………………………………………..... Postcode: ..................................

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

New members will receive an invitation to become a British Tennis Member (BTM) at no charge. This has added benefits.

**We take Safeguarding and Data Protection very seriously. The relevant policies can be found on our website -**[**www.ashbournetennis.org.uk/Policies-and-Procedures**](http://www.ashbournetennis.org.uk/Policies-and-Procedures)**/**

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

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

Please return completed form with appropriate payment to the Membership Secretary, David Longworth, 16 Hermitage Close, Ashbourne, Derbyshire DE6 1TG. Please make cheques payable to ***Ashbourne Tennis Club.* BACS Payments: - Account No. 51559968 Sort Code: 30-80-95.**

**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):

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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: ………………………....……………