

### **Application form 2024**

Please complete the application form making cheques payable to '**Collingwood Tennis Club**' and return with this completed form to the Membership Secretary:

Neil Carmichael, 2 Arcot Drive, Whitley Bay, NE25 9ED (Please do not leave any payments in the clubhouse)

#### Please contact Neil if you require a receipt for your payment. Racket stickers are not being provided this season

Membership	1 <sup>st</sup> April 2024- 31 <sup>st</sup> March 2025	Number	Total
Full Playing Senior	£100		£
Family (includes 2 adults and	£165		£
children under 18yrs)			
Concession/ Student /	£75		£
State Pension			
Junior	£40		£
Futures (aged 18-23 in part			
or full time education, not in	£55		£
full time work)			
Clubhouse key	£5		£
TOTAL			£

Name	DOB if aged under 18	Home phone	Mobile	Email- please <u><b>PRINT</b></u> clearly
	10			
Address				
Post Code				

### **IMPORTANT – Data Protection**

To ensure that Collingwood LTC maintains accurate membership details and to keep in contact with you about essential club information please complete the following:

I have ticked the box to confirm that I agree that my/our membership details may be securely stored online by Collingwood Tennis Club using the LTA approved ClubSpark system. Club emails may be sent to me/us using the ClubSpark system or general e-mail.

Sia	ature	
JIB		

Print Name.....

Date
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Name of Child.....

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

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

## Please tick the boxes below

I agree to my child 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.

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 consent to the use of photographs for promotional and reporting purposes.



I understand that I must inform the club of any changes to the information provided on this form.

Signed:....

Print Name:....

Date.....