



JUNIOR MEMBERSHIP

Please use a SEPARATE form for each Junior Member

There are also SEPARATE Membership Forms for Adult and Parent Guardian Members.

NB If you are joining under the Family Membership Offer

(2 adults and unlimited children under 18) please fill in SEPARATE forms for each adult & Junior.

For Membership Year May 1st 2022 – 30th April 2023

Full use of ALL facilities

tennis courts, squash courts, table tennis hall, open air pickleball courts at Club
with **NO COURT FEES WHATSOEVER** for MEMBERS

except £ 5 per session for Pickleball at Cromer Academy Indoor Sports Hall.

What you are saving !

Court Fees for JUNIOR NON-MEMBERS are £ 5 per person per hour for all-weather tennis courts, squash courts (40 mins only) and table tennis table; £ 5 per person per hour for Grass courts.
£ 5 instead of £ 10 per session for Pickleball at Cromer Academy Indoor Sports Hall.

Discounts on JUNIOR COACHING TENNIS PROGRAMME - £ 25 per term !!!

Discounts on Tennis Holiday Camps - £ 10 per day !!!

JUNIOR CLUB (9 – 17 year olds) for BOYS – every Sunday 4pm – 6pm – FREE !!!

JUNIOR CLUB (9 – 17 year olds) for GIRLS – every Sunday 4pm – 6pm – FREE !!!

MEMBERSHIP SUBSCRIPTIONS for 2022 / 2023

LIFE MEMBERSHIP	£ 5,000	.....
10 YEAR FULL MEMBERSHIP	£ 2480	.....
5 YEAR FULL MEMBERSHIP	£ 1240	.....
FULL MEMBERS – ONE YEAR	£ 320	.....
Family Membership (2 adults and unlimited children under 18)	£ 640	.....
Out of County (living outside Norfolk)	£ 160	.....
Squash ONLY	£ 220	.....
Table Tennis ONLY	£ 100	.....
Pickleball ONLY	£ 50	.....
Adult (18 – 30)	£ 100	.....
Juniors (12 – 17)	£ 60	.....
Juniors (0 – 11)	£ 30	.....
Parent Guardians (playing with Children ONLY, NOT with adults)	£ 25	.....
Social	£ 25	.....
Holiday Pass (4 individuals for a week - all facilities - unlimited)	£ 80	.....

NAME of JUNIOR

Name..... (please print)

School:

Medical Information

If your child has any medical information or allergies that the club should be aware of, PLEASE advise us on this form – it could help enormously in an emergency.

Allergies: eg (nuts, bee stings etc) (please specify)

Other Medical Conditions (YES / NO and supply further info if you think helpful) :

Asthma:.....

Diabetes:.....

Epilepsy:.....

Heart:.....

Others:.....

Do you carry with them medical equipment for this? **please specify**

.....
eg asthma puffers, carry glucose tablets or equivalent, adrenaline auto injection?

Payment

This can be by bank transfer or debit/credit card. Cash or cheques are also accepted.

Bank Details are: CLTSA Sort Code: 20 03 26 Account number: 90289078

If paying by credit or debit card, Jordy will phone you to take the details when he is at the club.

Your telephone number is

CLTSA USE ONLY

Staff : Please complete this section and check that all details above have been completed correctly

Amount paid (cash/card/SO) (staff name)

Seen by: Admin ☐ Treasurer ☐

PERSONAL DATA PROCESSING

Cromer Lawn Tennis & Squash Club has a responsibility to manage the personal data that it collects from its members. We process your personal data to fulfil our contractual obligations to administer your membership and provide our services to you. We will also use it in support of our legitimate interests to promote our activities and stay in touch with you.

For certain uses of personal data, described below, we will need your prior consent. Please note that consent can be withdrawn at any time by contacting the club's privacy manager.

Declaration of consent

In your capacity as the parent or guardian of the Junior Member, please indicate those activities where you are happy to give your consent:

Please indicate (circle as appropriate) whether you give us your consent that will allow us

- To share YOUR contact details as a parent / guardian with other parents / guardians who are members of the club for the purposes of arranging training sessions and games YES / NO
- For publicity purposes we would like to publicise the club
& occasionally use photographs of Junior members including your child YES / NO
- To retain medical information (provided above) you think is important for us to have
of the Junior Member,
only be accessed by our staff/ coaches in a medical emergency YES / NO

PARENT GUARDIANS

Please provide the details of Parent Guardians in order that we may contact them in the event of a medical emergency and also to keep them in touch with what is going on at the Club. Also ensure you have their permission to provide us with their information and that they are made aware of the club's privacy notice.

Parent Guardian Contact 1

Name.....

Contact number.....

Relationship to JUNIOR

Parent Guardian Contact 2

Name.....

Contact number.....

Relationship to JUNIOR

YOUR Name (please print)

Signature **Date**

Full details on how we process your personal data are included in our privacy notice that can be read and downloaded from our website. Please take time to read it. If you have any queries, please contact the club's privacy manager whose details are included in the notice.