


Junior Member Information Form

Full Name of Child			
Please state any disability/medical condition/allergy the child has that you feel the Club should be made aware of			
Please give details of who to contact in an emergency	Name:	Relationship to child:	
	Telephone number(s):		
<ul style="list-style-type: none"> I will ensure that the child is supervised at all times when at the Club (under 14s) I have read and agree to the Club's Safeguarding, Diversity and Inclusion policies Understand that all personal information contained in this document will be stored and processed in accordance with the General Data Protection Regulations <p>All these documents can be found in the clubhouse and on the website at www.clubspark.lta.org.uk/DenbyDaleTennisClub</p>			
			
This form must be returned to: Karen Seddon at 6 Greenside, Denby Dale, HD8 8QY; or By email to membership@denbydaletennis.co.uk			
Signed		Date	
Relationship to child			