



Littleover Tennis Club

Junior Application Form - 2023

- Subscription rate for juniors:-
 - In primary education on 1st April 2023: £25
 - Under 18 and no longer in primary education on 1st April 2023: £35
- This form should also be completed for each junior who is part of a family membership.

Welcome to Littleover Tennis Club. In order to provide a safe club for all our junior members, and to keep you up to date with club activities, we would like you to tell us some information about yourself.

Please complete and return this form, together with remittance to the secretary:

Mr. D. Chilvers, 66 Jackson Avenue, Mickleover, Derby DE3 9AT.

Please make cheques payable to **Littleover Tennis Club**.

or pay directly to the bank at: *Bank: Lloyds Sort Code: 309259 Account: 00677901*

Please add your name as the reference so we know who it is for.

If you are under 16 years old then please ask your parent or guardian to complete and sign the parent/guardian section on the other side.

Please complete by **printing** in the boxes below:

DP

Name of junior member:				
Address (complete if different from parent/guardian):				
Post Code:		Date of Birth:		
Email Address (complete if different from parent/guardian):				
Phone Nos (complete if different from parent/guardian):	(home)		(mobile)	
British Tennis Membership Number:		Male/Female:		

Please put an **X** in the Data Protection (DP) box to the right of any information you do NOT want to be recorded on the Club's website.

Please indicate how you would prefer to receive communications:	Email:		Post:	
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If you are a new member, then please tell us how you found out about the Club:

Word of mouth Y / N

Internet Y / N

Local paper or free magazine Y / N

I was introduced by (Please specify name of member)

Other (Please specify)

I confirm that I will be bound by and subject to the Policies and rules of the Club. These can be found on the Club website at www.littleovertennis.co.uk.

Signature:		Date:	
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Littleover Tennis Club

Junior Application Form – 2023 Parent/Guardian Section

If you are under 16 years old then please ask your parent or guardian to complete and sign this section so that we can contact them in case of emergency.

Please complete by **printing** in the boxes below:

DP

Name: (Please include title e.g. Mr, Mrs etc)				
Address:				
Post Code:		Relationship to child:		
Email Address:				
Phone No(s):	(home)		(work)	
Mobile:				

Please indicate how you would prefer to receive communications:	Email:		Post:	
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Please use the box below to describe if the child has any special care needs, dietary requirements, allergies or medical conditions we should be aware of:

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

By signing and returning this form, I agree to (child's name) taking part in the general activities of the club. He/she has agreed to follow the junior rules (Code of Conduct for Young People) of the club, and I agree to accept the Code of Conduct for Parents and Guardians.

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

Photographs: Tick this box if you give your permission for the club to use photographs of your child to promote the activities of Littleover Tennis Club

Signed:		Date:	
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