



Newcastle Road, Stone, Staffordshire, ST15 8LD Tel No. 01785 815429
Website www.sltc.org.uk

ANNUAL APPLICATION FOR JUNIOR MEMBERSHIP 2024/25

Please use **BLOCK CAPITALS**

Child's Name:.....**DOB:**.....**School Year:**.....

Parents/Guardians name:.....

Address :.....

.....**Post Code**.....

E-mail Address:.....

Home Tel No.....**Other Tel No:**.....

Emergency Name.....**Emergency Tel No**.....

Juniors (0-18) Subscription Fees: The junior membership qualifying age is determined by the members age on the 1 st April 2024		
Under 10	£10	
10-15	£20	
16-18	£45	

To be completed by parent or guardian:

<input type="checkbox"/> I agree to my son/daughter/child in my care, taking part in the activities of the club. <input type="checkbox"/> I confirm that my child will comply with the Club Rules. <input type="checkbox"/> I also give consent to the use of photography of my child (Please see additional form). <input type="checkbox"/> I understand that injuries can occur in training and in matches. <input type="checkbox"/> I understand that it is my responsibility to ensure that my son/daughter/child in my care arrives safely for and is collected from all coaching/matches. <input type="checkbox"/> I understand that I must inform the coach of any injuries or illness to my son/daughter/child in my care sustained prior to coaches/matches which may affect his/her ability to take part in club activities. <input type="checkbox"/> I understand that in the event of any injury or illness, all reasonable steps will be taken to contact me and to deal with that injury/illness appropriately.	
I enclose a cheque for £..... to cover my child's subscription made payable to ' Stone Lawn Tennis and Squash Club '. I have made a BACS payment for £.....into Stone Tennis' bank account, REF..... (Account Name: Stone Lawn Tennis, Account Number :16269306, Sort Code: 01-08-32)	
Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	

Name of Junior:

MEDICAL INFORMATION

1. Does your child experience any conditions requiring medical treatment and/or medication?
Yes No

If yes, give details.

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2. Does your child have any allergies?
Yes No

If yes, please give details.

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3. Does your child have any specific dietary requirements?
Yes No

If yes, please give details.

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4. Please provide any further information you feel is necessary.

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I confirm to the best of my knowledge that my son/daughter does not suffer from any medical condition other than those detailed above.

Name of Parent/Guardian	
Signature of Parent/Guardian	
Date	