

DATA Protection
PASSWORD

(No more than 6
numbers or letters)

WHY IS THIS IMPORTANT?

At times, we may be asked to give details regarding family members bank details for transfers etc over the phone and we must ensure that we are speaking to the correct people hence the need for individual secure passwords. -----

Child Medical Information:

Doctors name, surgery address and telephone number:

Does your child have any medical conditions that we should be aware of inc Asthma and allergies?

YES NO

If YES Please Give details:

Please give details if any medication is required and if we are given permission to administer i.e. Inhalers, EpiPen's:

Signed by Parent/Guardian _____ **Date** _____

(Please be aware that we must be informed of any changes to your child's health immediately so that we can update our records and ensure that your child is covered by our duty of care)

Child Visual image consent form:

At times Truro Lawn tennis club may use photo or other forms of media image (i.e. video) for publicity, promotional material, Club newsletters and Newspapers or training purposes.

Are you happy for your child to be included in such material: **YES NO**

If YES, can we publicise your child's name **YES NO**

Signed by Parent/Guardian _____ **Date** _____

To enable Truro Tennis Club to obtain as many tickets as possible for the Wimbledon Ballot (even if you do not wish to have these tickets yourself), please register with the British Tennis Association and obtain your BTM (FOC). **YOU WILL NEED TO** register on the LTA website and your Rating will also be supplied. Please "OPT IN" and state that your affiliated club is Truro Tennis Club. Thank you.

Your BTM number _____

Your Rating is _____

SIGN to agree to become a member of TLTC and BTM www.lta.org.uk

(Please sign as Parent or Guardian if member under 18) _____

PRINT NAME _____

DATE :