

Application Form (Junior) – Club Membership Season 1st April 2024 to 31st March 2025



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 this form and ask a parent\guardian to sign it if you are under 16.

Please send this form to: **WANT Membership Secretary, Linda Baird, 8 Hillpark Terrace, Wormit DD6 8PN**
or email to wantennisclub@gmail.com

Name	
Address	
Postcode	
Home Tel	
Mobile Tel	
Emergency Contact Name Emergency Tel	
Email	
BTM No Register at www.lta.org.uk/	

Membership Category (*please tick)

Year 2024/25	Junior 1 (Primary) £40	Junior 2 (secondary & U18) £60

*Payment Method

Cheque	Cash	Bank Transfer

I, the undersigned apply for the category highlighted above for the season 2024/25. I agree to abide by the rules of the club as set out in the constitution and by-laws. It is understood that if this application is rejected the fee paid will be returned forthwith.

Please send this form to: **WANT Membership Secretary, Linda Baird, 8 Hillpark Terrace, Wormit DD6 8PN**
or email to wantennisclub@gmail.com.

Signature: _____ **Date:** _____

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*Parent/Guardian Name and Relationship	
Address	
Postcode	
Home Tel No	
Mobile Tel No	

*Sign declaration below

Please give us any feedback below:

Data Protection Statement: The Club will upload this information onto our membership database managed by ClubSpark. The Club maintains personal information solely for its own administrative purposes. By returning this form I agree to this use of personal data. ClubSpark Data Protection statement can be viewed at the following web page <https://clubspark.lta.org.uk/PrivacyPolicy>. March 2022

Parent\Guardian Declaration

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 club's junior code of conduct and I agree to accept the code of conduct for parents. The Club securely maintains personal data solely for its own administrative purposes, I agree to this use of personal data.

To my knowledge he\she has no special care needs, dietary requirements, allergies or medical conditions other than those declared below:

I understand that in the event of an 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.

Consents – photography and filming

I give permission for this child to be involved in any publicity (inc photos/TV footage) in club related events. (Full policy detail can be found on the noticeboard).

Signature: _____ **Date:** _____

Name: _____

If you have any concerns or complaints about any aspect of the club please contact our Club Welfare Officer, Louise Baxter (baxterlouise@hotmail.co.uk) LTA Child Protection Tel 0208 487 7008/7166 or Mobile (24hr) 07971 141024 email childprotection@lta.org.uk.

<https://www.lta.org.uk/about-us/safeguarding/>