

HAMPDEN PARK TENNIS CLUB

JUNIOR MEMBERSHIP FORM

ANNUAL SUBSCRIPTIONS

£39 per child for one year from April 2016 to end March 2017- Under 18

£52 for a student ie. Under 25 years of age & in full time education

£15 Junior Trial 3 Month Membership includes 1 free group lesson

FREE parent membership giving parents a chance to play but only with their own children when courts are free. Full members have priority.

Group coaching cost - £4.00 per hour - maximum 12 children in a group

available on Saturday mornings, Mon, Tues & Wed evenings.

Please return the slip below to Jenny Hughes, Club Coach or send it to:

Jenny Hughes, 12 Melvill Lane, Eastbourne, East Sussex, BN20 9EA

If you have any queries please telephone me on 01323 655567 or 07831097864

All cheques payable to Hampden Park Tennis Club.

I / We would like to join Hampden Park Tennis Club from April 2016- end of March 2017.

Name: _____ D of Birth: _____ Brit Tennis No: _____

Name: _____ D of Birth: _____ Brit Tennis No: _____

Name: _____ D of Birth: _____ Brit Tennis No: _____

Address: _____

Postcode: _____

E Mail Address _____

Tel.No: _____ Emergency/Mobile no. _____

Parent Member Name: _____

Amount Enclosed: _____

PHOTOGRAPHY/FILMING CONSENT I give permission for my child/children to be involved in any press photos/filming sometimes required for club promotions & use of video footage of them during coaching to help with their technique analysis.

MEDICAL HISTORY

Please use the space below or overleaf to describe any special care needs, dietary requirements, allergies or medical conditions

P.T.O.

PARENT/GUARDIAN DECLARATION

(essential if applicant is under 16 yrs 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 of the club, which they receive on joining the club and I agree to accept the code of conduct for parents (copy on junior noticeboard)

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 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.

Signed (by parent if under 16): _____ Date: _____

Name _____