



## APPLICATION FOR JUNIOR MEMBERSHIP 2017

Welcome to The Sphinx 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 this form and get a parent or guardian to sign it if you are less than 16 years old.

Please return the form to Mr D Blundell - Hon. Membership Secretary - Sphinx Club  
24 Coudray Road, Southport, PR9 9NL

*Name			
*Address			
*Gender (M/F)		Date of Birth	
E-mail address			
*Tel. No. (Home)		Tel. No. (Mobile)	

\* denotes required information

**I WISH TO APPLY FOR MEMBERSHIP AS:-**

Please tick

(Membership is valid from 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018)

<b>Junior U18 Member</b>	(on 1/1/2017)	<b>£52</b> .....
<b>Junior U11 Member</b>	(on 1/1/2017)	<b>£42</b> .....
<b>Junior U8 Member</b>	(on 1/1/2017)	<b>FREE</b> .....

Or

<b>Junior U11 Member</b>	(on 1/1/2017)	<b>£10</b> .....
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(if at least one parent/guardian is full playing member or Parent Member – Name to be shown below)

Name of parent / guardian if Full Playing or Parent Member	
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Please provide details of a parent/guardian that we can contact in case of an emergency:

Name (please print)		
Relationship to child		
Contact numbers:	Mobile	
	Home	
	Work	
Address		
Email address		

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

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**Applicant's signature:**

Signed:..... Date:.....

**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 of the club, and I agree to accept the code of conduct for parents.

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.

Signed:.....Date:.....

Name:.....

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**Further information about the LTA and Child Protection, contact:-**

**LTA Child Protection**

T: 0208 487 7008/7116

M (24 hour): 07971 141 024

E: [childprotection@lta.org.uk](mailto:childprotection@lta.org.uk)

[www.LTA.org.uk/childprotection](http://www.LTA.org.uk/childprotection)