



## Junior Membership Application Form 2020/21

In order to provide a safe club environment for all of our junior members and to keep you up to date with club activities, we would like you to tell us some information about yourself.

All membership enquiries to Sarah Szunko at: [membership@shltc.co.uk](mailto:membership@shltc.co.uk)

Please return the form with payment to: **Membership Secretary, Stockton Heath LTC, Delphfields Road, Appleton, Warrington, Cheshire WA4 5BY.** Please make your cheque payable to **Stockton Heath Lawn Tennis Club.** Or pay online: Sort code: **60-20-29** Ac no:**39757137** Ac: **SHLTC subscriptions. Ref: Surname**

### SHLTC Junior Subscriptions 2012/21

Junior Member aged 12 to 17 £67\*

Junior Member aged 6 to 11 £52\*

Children under the age of 6 do not have to pay a membership fee

(\*Age at 1<sup>st</sup> September 2020)

Welfare Officers: Mr Chris Taylor: 07801419069 Email: [stocktonheathtennis@gmail.com](mailto:stocktonheathtennis@gmail.com)

Ms Jo Maskerey: 07714436860

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 rules of the club and I agree to accept the code of conduct of the club. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be made to contact the parent/carer and to deal with the situation appropriately.

### Consent and Emergency Contact Form

#### Your details (if U18 must be the parent/carer)

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

#### Details of the child

Name:		
Date of birth:		
Address (if different from the parent/carer):		
BTM number:		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

## Activities

I give permission for my child to:		
Be involved in photography and/or video for use by the coaches for training purposes only and by the club for promotion and advertising, including press and social media.	Yes	No

## Child: Medical/Disability History

Does the child have:		
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes	No
Any access needs?	Yes	No
Any religious or spiritual practices we should be aware of?	Yes	No
Any dietary needs we should be aware of?	Yes	No
Anything else which we should be aware of?	Yes	No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).		

**Additional notes:** The Club will ensure appropriate supervision of Junior members (by Coaches/Senior Members) during planned tennis activities. The Club cannot be held responsible for unaccompanied individuals who are either on site before for the start of, or have finished a planned activity and are waiting to be collected by a parent/carer. There may be times when older Junior members are involved in Senior Match tennis and travel to and from other venues with team members in their private cars. This will be arranged as the need arises during the season.

## Emergency Contact Details (if different from Parent/Carer)

<b>Name:</b>		
<b>Relationship to the child:</b>		
<b>Address:</b>		
<b>Contact details:</b>	Phone: Mobile:	Email:

## Confirmation

Name of parent/carer (print):		Date	
Signature:			
Consent valid for the following year – 1.4.20 until 31.3.21			