



JUNIOR CONSENT FORM 2023/24

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.

All membership enquiries to Jane Argent at: shmembership@hotmail.co.uk
Tel: 07947 699984

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: **Your last name**

SHLTC Junior Subscriptions 2023/24

Junior Member aged 12 to 17 £75)
Junior Member aged 6 to 11 £60) Age at 1st September 2023
Junior Member under 6 Free)

Welfare Officer: Ms Jo Maskerey: 07714436860 jo.maskery@googlemail.com

Consent and Emergency Contact Form

Parent/Carer details:

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

Details of the child

| | | |
|--|-------------------|---------------|
| Name: | | |
| Date of birth: | | Male / Female |
| 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 the above named 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)

| | | |
|-----------------------------------|-------------------|--------|
| Name: | | |
| Relationship to the child: | | |
| Address: | | |
| Contact details: | Phone: Mobile: | Email: |

Confirmation

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. I understand that this consent is valid for the membership year 1st April 2023 to 31st March 2024.

| | | | |
|---|--|-------------|--|
| Name of parent/carer (Please print): | | Date | |
| Signature: | | | |