

Croxley Tennis Club

Junior Membership Ancillary Information – to be submitted with Membership Application Form the season 1st April 2010 – 31st March 2011

Croxley Tennis Club aims to provide a safe club for all of our junior members. To help us with this, please can you provide us with some more information as follows:

Names of Junior Members (please print):

Parent / Guardian to be contacted in case of emergency:

	Contact 1	Contact 2
Name (please print)		
Relationship to child		
Mobile Phone No:		
Home Phone No:		
Work Phone No:		
Address		

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions pertaining to any of the junior members specified above (please be clear which applies to each junior).

By signing and returning this form, I agree to the above named taking part in the general activities of the club. To my knowledge the above named have no special care needs, dietary requirements, allergies or medical conditions that could affect their 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 (print).....

NB : (Must be signed by parent or guardian if any of the above named are under 16 years of age)

PLEASE SEND THIS FORM WITH THE COMPLETED MEMBERSHIP APPLICATION / RENEWAL FORM AND FEES TO THE MEMBERSHIP SECRETARY