

# St Agnes Tennis Club

## APPLICATION FOR MEMBERSHIP 2021/2022

All new membership applications are submitted to the committee for approval (except juniors). Subscriptions are due by 1 July 2021 and in exceptional circumstances, payment by instalments can be arranged by contacting the Treasurer.

**Please note:** The club is unable to accept responsibility for any loss or injury on the premises.

Thank you.

*(Please tick as appropriate)*

I wish to apply to join St Agnes Tennis Club

I wish to renew my membership

Type of membership required: \_\_\_\_\_

**Name(s):** \_\_\_\_\_ **DoB (junior)** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Tel. No.:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

British Tennis Member?: YES/NO (delete as appropriate) If yes, BTM No.: \_\_\_\_\_

To register as a British Tennis member or to update your BTM details, please go to [www.lta.org.uk](http://www.lta.org.uk) or follow the link on our website: [www.stagnestennisclub.co.uk](http://www.stagnestennisclub.co.uk).

I am prepared to abide by the rules of the club and will wear my shoe tag for identification. Shoe tags will be issued on membership and are immediate evidence of paid membership.

I agree to the above information being held by the club and being registered on ClubSpark.

I do/don't\* mind my contact details being shared with other club members.  
For club matters only/ any matters\*.

\* please delete as appropriate

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return completed forms and subscriptions to the club's Treasurer.

Please make cheques payable to: St Agnes Tennis Club.

**Please complete a separate form (on Page 2) for each junior member who is applying to join the club.**

**Please complete a separate form for each junior member who is joining the club.**

**PARENT / GUARDIAN DECLARATION** (essential if applicant is under 18 years)

Please give any information regarding special care needs, dietary requirements, allergies or medical conditions which could affect the safety of your child whilst attending the tennis club.

By signing and returning this form I agree to \_\_\_\_\_ (name)

taking part in

General activities                      **YES**                      **NO**

Home matches                              **YES**                      **NO**

Away matches                              **YES**                      **NO**

Being

Transported by other parents              **YES**                      **NO**      (for away matches)

In Publicity photos                              **YES**                      **NO**      (for the promotion of the club)

To my knowledge he/she has no special needs/dietary requirements or medical conditions other than those stated above, which could affect their safety at the club.

I understand that in the event of illness, injury or other medical needs, all reasonable steps will be taken to contact me and to deal with the situation appropriately.

Additional contact details in case of emergency

I agree to these details being held by the club and I understand that I must inform the club of any changes in the information given. I will ensure that my child abides by the club rules.

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Parent/Guardian)**