

Halton Tennis Centre, Chestnut End, Halton Village, Bucks HP22 5PD

Tel: 01296 623453

www.haltontennis.co.uk

Please return this form to office@haltonuk.com

TENNIS MEMBERSHIP APPLICATION FORM

Categories – please tick

Family	Full Adult	Off Peak	Parent	Student U25
Junior U18	Mini	Enables	G-TAG	RAF

Name	M/F	Category- if known	Office	Use
			Internet	SO
If U18 please also complete Sect B				
Payment may be made to 20-03-18, 10061433				
Joining Fee				
Total				

Address:	Home No:
	Mobile:
	E-mail:
	Other numbers:
Postcode:	Other emails:
Emergency Name & Contact Number:	
Medical/Dietary/Allergies:	

- A joining fee/admin fee for 1st year is payable for adult members, one fee per household.
- Membership is non transferable and non refundable.
- In the event of subscription payments lapsing, another joining fee becomes payable for adult members.

We value inclusion & diversity & enjoy a culture of treating everyone fairly and equally. We invite people with disabilities to join and declare in confidence any disability so we can try our best to ensure you have an inclusive enjoyable and positive experience at the club.

Privacy and Data Policy

Please visit our websites to see our [privacy and data policy](#). We will use your personal information to administer your membership/s, reservations, renewals etc. We would like to contact you with details of future events, competitions, social events and services we are planning. Should you choose to take part in team tennis, we would pass your information to your team captain for organisation purposes. If you consent to us contacting you for these purposes by email or mobile phone, please tick this box:

I agree

From time to time, we would also like to send you details of other services offered by associates of Halton Tennis Centre (contractors, coaches and trainers). If you consent to us sending you details of their services (but not passing your details to them), please tick this box:

I agree

Signed:..... Dated:.....

MEMBERSHIP APPLICATION FORM – Juniors-Sect B

Junior/Mini Membership Details

Please complete this form and get a parent or guardian to sign it if you are U16 years old.

Junior/Mini Name from Section A	Date of Birth	Medical/Dietary/Allergies

Person to contact in emergency	Relationship to Child	Contact details
1 st		
2 nd		

Photo Consent	<input type="checkbox"/> I agree	<input type="checkbox"/> I do not agree
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Parent/guardian declaration (for all applicants under 16 years of age)

By signing and returning this form, I agree to the child/children above 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.

Signature of Consent..... Parent or guardian

Printed.....

Dated.....