

**MEMBERSHIP INFORMATION REQUIRED FOR
STUDENTS, JUNIORS, MINIS, PRE-TEENS,
& CHILDREN OF FAMILY MEMBERS**

Surname	First Name	M/F	Stu /Jnr /Pre-teen/ Mini	Date of Birth

Contact Numbers: Home:	Mobile:
-------------------------------	----------------

E-mail address:

Please provide details of a Parent or Guardian that we can contact in case of an emergency

Name:		
Relationship to Child:		
Contact Numbers Home:	Work:	Mobile:
Address:		
Postcode:		

E-MAIL ADDRESS:

Are there any special care needs, dietary requirements, allergies or medical conditions that we should be aware of?

Members Signature:	Date:
---------------------------	--------------

Parent / guardian declaration essential if applicant is under 18 years of age

By signing and returning this form, I agree to

(Insert name(s) here) _____

.....
Taking part in 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. I understand that I must inform the club of any changes to the information provided on this form.

Please tick this box if you do not consent for those named above to be involved in photography and/or filming.

Signature _____ **Name** _____ **Date** _____

LTA Safeguarding
Tel 0208 487 7000



Mobile (24 hour) 07971 141024

E-mail: safeandinclusive@lta.org.uk or contact their website at

www.lta.org.uk for more information about the LTA policies and rules, regarding safeguarding and protection