

# High Ercall Tennis Club

## **Membership Application**

**Your details:**

Name:	Address:
Tel:	Post Code:
	Email Address:

**Type of membership you require (tick box):**

<input type="checkbox"/> Family (two adults and one or more children)	<input type="checkbox"/> Senior
<input type="checkbox"/> Halfway	<input type="checkbox"/> Tuesday
<input type="checkbox"/> Student (in full-time education)	<input type="checkbox"/> Country (living at least 20 miles from the Club)
<input type="checkbox"/> Junior 10 or over	<input type="checkbox"/> Junior under 10
<input type="checkbox"/> Special Family	<input type="checkbox"/> Social

**Details of others covered by this application:**

Adult(s) (names):

Junior(s) (names & dates of birth):

Please sign below to indicate that you are happy to be included on the Club's membership database.

Signature:

Date:

***If this application includes anyone under 16 the Declaration below MUST be completed***

Details of a parent/guardian who can be contacted in case of an emergency, if different to the details given above:

Name and relationship to child:	Address:
	Post Code:
Contact numbers:	

Please use the space below to describe any special care needs, dietary requirements, allergies or medical conditions:

**Parent/guardian declaration (essential if applicant is under 16 years of age)**

By signing and returning this form, I agree to .....  
(name(s)) 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.

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

Signed:.....Date:.....

Name:.....

**Please return completed form to: Jo Lawson (Secretary),  
Hendomen Farmhouse, Hendomen, Montgomery, Powys SY15 6HB**