

**Student and Junior Membership Application Form 2024/5**

To become a member of Elstree Lawn Tennis Club and British Tennis Membership please complete this form and return to the Membership Secretary **Myra Rosen 11 Deacons Hill Road, Elstree, Herts WD6 3HY, Tel 020 8953 5795 / 07986 134403. myrarosen@btopenworld.com**

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| --- | --- | --- | --- |
| **Membership Categories** | | | **Amount due** |
| Student 17– 24 years in **full-time education** | | | £ 80 |
| Junior 16 years and under | | | £ 50 |
| **Please register me for British Tennis Membership which is free.**  Please provide a Username................................................................. | | | |
| **Name(Please print)** |  | | |
| **Gender (optional)** |  | | |
| **Date of Birth** |  | | |
| **Address** |  | | |
| **Contact Numbers** | Home |  | |
| Mobile |  | |
| **Email Address**  (Parent for U12’s) |  | | |

**Please provide details of a parent/guardian whom we can contact in case of an emergency**

|  |  |  |
| --- | --- | --- |
| Name (Please print) |  | |
| Relationship to child |  | |
| Contact numbers: | Mobile |  |
| Home |  |
| Work |  |
| Address |  | |
| Email address |  | |
| Name of parent/guardian who would normally collect from coaching sessions | |  |

**Please complete this section with details of any special care needs , allergies or medical conditions for your son/daughter**

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**Member’s signature:**

I have read, understood and agree to abide by the Membership Rules and safeguarding policies set out on the Elstree Lawn Tennis Club website at www.elstreetennis.com.

Signed ................................................................................

Print Name ................................................................................

Total Enclosed...............................................................................

**Method of Payment: Cheque or Bank Transfer (please delete) Amount £……….**

**Cheques payable to: Elstree Tennis Club**

**Bank Transfer to: Sort Code 20-74-09, Account 10147435, Ref: Members Full Name.**

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

By signing and returning this form, I agree to........................................................ (Child’s name) taking part in the general activities of the Club. He/she has agreed to follow the rules of the club and I agree to abide by the safeguarding policies set on the website.

To my knowledge, he/she has no special care needs, 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 agree that the named child will not play at the club if unwell, injured or advised by a medical professional not to do so.

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

**Signed**

**Parent/Guardian**...........................................................................

**Name** ................................................................................

**Date** ................................................................................