

STAMFORD TENNIS CLUB

WINTER SUBSCRIPTION FORM 2011

www.stamfordtennis.co.uk

(1 Oct 2011 – 28 Feb 2012)

Name(s) & address			
Home Tel No.		Email address	
Chidrens Names/Age			
Optional, except for parents of Juniors			
Work No.		Mobile No.	
	Sub	Enrol Fee	Total
Adult	£50	*£10	
Local full-time student	£15	No fee	
Intermediate (12-17)	£15	No fee	
Junior (up to 11)	£10	No fee	
Family (parents + two children in full education)	£100	*£20	
Couple	£90	*£20	
Swipe Card		£5	
Social member. One parent of 4-11 yr olds must be a full or social member of the Club		£5	
Grand Total. Please complete form and make cheques payable to Stamford Tennis Club & send to Membership Secretary Carol Cotton, 2 Emlyn's Street, Stamford PE9 1QP.			

***Enrol Fee payable by new members & members who have not rejoined by 17th April 2011**

I/We agree to abide by the Rules and Regulations of **Stamford Tennis Club** as displayed on the Club Notice Board.

Signed

Date

If the applicant is a under 16 and you are not the parent or legal guardian, please state below the full name, address and relationship of the legal guardian. They are also required to provide their consent and sign this form.

If the point of contact in case of emergency is different for any members listed under 16 to the details already provided, please state the alternative details below:

Please put details of any medical problems of family members, and what action should be taken in the event of an attack on court. Such as 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 the children listed 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.

All information being requested on children under 16 is required by all LTA Affiliated Clubs and it is imperative that we receive this information. Information is confidential and will not be passed to a third party. The list of members in the clubhouse includes name and home tel no only.

Signed

Date