

WHITTON TENNIS CLUB  
KNELLER GARDENS, ISLEWORTH

**JUNIOR MEMBERSHIP FORM**

We are very pleased to welcome you to **Whitton Tennis Club**.

To ensure we have the correct contact details for you, please fill out this form and give it back to a committee member.

If you are under 16, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events.

Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Home telephone number	<input type="text"/>
Mobile*	<input type="text"/>
Email*	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>

British Tennis Membership no. \_\_\_\_\_

\*\*I agree to allow images of my child to be published in news articles, advertising and on the club website for the purpose of promoting and advertising Whitton Tennis Club.

\* Neither the mobile number nor the email should be that of the child – this could make children vulnerable and is considered poor practice. For a child/young person these details should be those of the parent/carer.

\*\* Delete this line if you **do not** want images of your child published

Whilst it is not compulsory that the following section is completed the footnote at the end of this template explains why it is important.

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## DISABILITY

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability / allergy?      Yes       No

If yes, what is the nature of your disability / allergy?

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

## MEDICAL INFORMATION

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc.)

## EMERGENCY CONTACT DETAILS

To be completed by the parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident.

Contact name e.g. parent/carer

Emergency contact number:

# WHITTON TENNIS CLUB

KNELLER GARDENS, ISLEWORTH

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

I understand that the club is a voluntary club and as such I can be called on to assist from time to time. (Delete if not applicable)

If my child is accepted I agree to ensure that my child and I will comply with the rules of the club as published and as amended from time to time.

Name of parent/carer:

Signature of parent/carer:

Date:

Sport can and does play a major role in promoting inclusion of all groups in society. However, inequalities have traditionally existed within sport, particularly in relation to gender, race and disability. Sport England is committed to promoting and developing sports equity, which is about fairness in sport, equality of access, recognising inequalities and taking steps to address them.

By monitoring the profile of young people in sports clubs, NGBs/CSPs and Sport England can identify any issues relating to under-representation of different groups and can together develop strategies to ensure all young people have an opportunity in the future development and progress in sport.

----- **WHITTON TENNIS CLUB USE** -----

## MEMBERSHIP CATEGORY

Membership Category being applied for.

Code

Membership