

**WHITTON TENNIS CLUB**  
KNELLER GARDENS, ISLEWORTH

**SENIOR MEMBERSHIP APPLICATION FORM**

We are very pleased to welcome you to the 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 ask for the Junior Membership form.

Name

Address

Postcode

Home telephone number

Mobile\*

Email\*

Date of Birth

**BRITISH TENNIS MEMBERSHIP NO.**

(If Applicable please detail)

**MEDICAL INFORMATION**

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

**EMERGENCY CONTACT DETAILS**

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/partner

Emergency contact number:

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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?      Yes:      No:

If yes, what is the nature of your disability?

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

## DECLARATION

I understand that the club is a voluntary club and as such I can be called on to assist from time in the running of the club (delete if not applicable):

I have a current 1<sup>st</sup> aid certificate: Yes \_\_\_\_\_ (Attach copy) NO \_\_\_\_\_

If accepted I agree to comply with the rules of the club and its code of conduct as published and as amended from time to time.

Signature:

Date:

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

## MEMBERSHIP CATEGORY

Membership Category being applied for. For Example Code S1, Full Senior Member.

Code

Membership