

## HALE GARDENS LAWN TENNIS CLUB

Hale Gardens, off Milton Grove, New Milton, BH25 6HA Tel: 01425 610346

Website: [www.halegardensltc.org.uk](http://www.halegardensltc.org.uk)

### APPLICATION FOR JUNIOR MEMBERSHIP

Welcome to Hale Gardens Lawn Tennis Club

In order to provide a safe club for all our junior members, and to keep you up to date with club activities, we would like you to tell us some information about yourself.

Please complete this form and get a parent or guardian to sign it if you are less than 16 years old.

Return the form to: Mrs Margaret Leask, Club Secretary, at the Club (address as above)

Name (please print)		Date of Birth:	
Gender	Male / Female (delete as appropriate)		
Address			
Contact numbers:	Home		
	Mobile		
Email address			

DATA PROTECTION ACT 1998 The information given in this application may be recorded on a computer. It will only be used by the Club, including the publication of a list of members, or disclosed for the purposes of the Club which the LTA decides is necessary. Do you object to this information being held this way? Yes/No

I am a member of British Tennis - Yes/No Membership Number: ..... Rating: .....

How do you wish to play tennis? Group Coaching: ..... Private Coaching: ..... Matches: .....

Please provide details of a parent or guardian that we can contact in case of an emergency:

Name (please print)			
Relationship to child			
Contact numbers:	Mobile		
	Home		
	Work		
Address			
Email address			

continued overleaf...

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

**Applicant’s signature:**

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

**Parent or 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 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: .....

**JUNIOR MEMBERSHIP:** Juniors must be aged 8 years and under 18 years on the 1<sup>st</sup> January. Members bringing visitors to play must first sign the visitor’s book and pay the relevant fee before playing. Only 3 visits per visitor per year. Children under the age of 12 years must not be left at the Club unattended. Juniors over the age of 12 years left at the Club unattended are the responsibility of their parents.

**ANNUAL SUBSCRIPTION:** Rates vary according to age and what time in the year membership starts: See notice board or a committee member for full details. The membership year runs from 1<sup>st</sup> April until the following 31<sup>st</sup> March.

For your information

**Child Protection Officer** at Hale Gardens LTC: Mrs Margaret Leask, Tel: 01425 277310

**LTA Child Protection:** Tel: 0208 487 7008/7116 Mobile (24 hour): 07971 141 024  
Email: [childprotection@lta.org.uk](mailto:childprotection@lta.org.uk) Website: [www.LTA.org.uk/childprotection](http://www.LTA.org.uk/childprotection)