Brampton & District Tennis Club

Family Membership Application Form

Surname: ………………………………………………………………………………………………………

Address: …………………………………………………………………..………………………………….

**Type of membership:** Family £80.00

 Cheques should be made payable to Brampton & District Tennis Club and sent with this form to Marion Beveridge, Henderson Close, Chapel Lane, Brampton CA8 1RX. You can also make an internet payment to Brampton and District Tennis Club Account 35540060, sort code 30-99-50 (making sure you include your name as reference) and return this form by email to *bramptontennisclub@yahoo.com*

 Please tick box if payment made by bank transfer (see above)

**To be completed by each family member aged 16 and over**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age(if under 18) | email | mobile |
|  |  |  |  |
| I do/do not consent to my information being shared with other membersI do/do not consent to my photo being taken and used in media publicationsI do/do not wish to receive email notifications about the activities of Brampton & District Tennis ClubI confirm that I have read and agree to abide by the clubs rules and codes of conduct Signed………………………………………….. |

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age(if under 18) | email | mobile |
|  |  |  |  |
| I do/do not consent to my information being shared with other membersI do/do not consent to my photo being taken and used in media publicationsI do/do not wish to receive email notifications about the activities of Brampton & District Tennis ClubI confirm that I have read and agree to abide by the clubs rules and codes of conduct Signed………………………………………….. |

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|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age(if under 18) | email | mobile |
|  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| Name | Age(if under 18) | email | mobile |
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|  |  |  |  |
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**Details of family members under the age of 16**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | M/F | Date of Birth | Contact Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |  |
| --- | --- |
| Name (please print) |  |
| Relationship to junior/s |  |
| Contact numbers: | Mobile |  |
| Home |  |
| Work |  |
| Address (if different to main address) |  |
| Email address |  |

Are there any special care needs, dietary requirements, allergies or medical conditions the club should be aware of for any family member:

Tick here if you do not wish your child/children’s information to be shared with other members.

Tick here if you do not wish your child/children’s photo to be taken and used in media publications

I do/do not wish to receive email notifications about the activities of Brampton & District Tennis Club

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

By signing and returning this form, I agree to the above junior/s taking part in the general activities of the club. They have agreed to follow the rules of the club.

Signed:……………………………………………………………Date:…………………………

Name:……………………………………………………………..

The information supplied on this form will be held in a database for membership administration within the BDTC