



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.

New members joining part way through the season should pay on a pro rata basis, up until March 31st. Please complete in print, **all sections** in full otherwise application may not be processed.

Please return the form to: the Junior Membership Secretary, Burton Tennis & Squash Club, Ashby Road, Burton on Trent, DE15 0LQ. Tel: 01283 565043. You can download an application form from www.burtonTSC.org.uk

Cheques payable to "Burton Tennis & Squash Club". No cash please! You may use the club as soon as you have submitted your application form.

** Names/details (along with affiliation fees) will be submitted to both the LTA (tennis) and SRA (squash) in order to participate in local leagues. The club is registered under the Data Protection Act and has a duty to protect your details. The SRA and LTA are similarly registered however if you do not consent to your details being passed on then please tick here [].

Juniors (0-17) Subscription Fees (April 1st 2010 - March 31st 2011)	
0-10 (on 31/3/10)	£24/18*
11-17 (on 31/3/10)	£36/27*

**25% discount for child of a full member.*

Please complete in print, **all sections** in full otherwise application may not be processed.

Applicant's Name (please print)		Date of Birth	
Gender	Male / Female (delete as appropriate)	Tel. Home:	
Address:		Mobile:	
		Email:	
Postcode:		Please indicate ethnic origin below:	
Where did you hear about the club?	Tick	Ethnic Origin	Tick
Word of mouth		British/White	
Passing by		UK/European White	
Advertisement		Black/Asian/Mix	
Website		Chinese	
School		Other	
Local knowledge		Undeclared/Unknown	
Indicate category you are applying for:	Tick		
0-10		Indicate your main sport **	Tick
11-17		Tennis	
		Squash	
Full member's name if discount required (please print)			
Fee due (pro rata if applicable)		£	
Signed:		Date:	

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

Name (Please Print)		
Relationship to child		
Contact numbers	Home	
	Mobile	
	Work	
Address		
Email address		

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



Member's signature

Signed: Date:

Parent/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:

LTA Child Protection - Tel: 0208 487 7008/7116 Mobile: (24 hr) 07971 141014 Email: childprotection@lta.org.uk
www.LTA.org.uk/childprotection

Office use only

Date Received	Amount (chq/cash)	Welcome pack given	Cashbook updated	DD mandate to bank if on full member's discount	DD on SS	DD details submitted	Notes