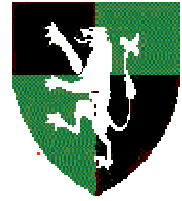




Hampton-In-Arden Sports Club Limited Application for tennis membership



Welcome to Hampton-in-Arden Tennis Club. In order to assist us to run the club and to keep you up to date with club activities, please would you complete and sign this form and return it WITH YOUR CHEQUE made payable to "Hampton-in-Arden Sports Club" to the Secretary (Chris Barnes) at 68 Meriden Road, Hampton-in-Arden B92 0BT. Please visit www.hamptontennis.org.uk if you have any questions about the club.

Name*					
Type of membership (please circle)	Full >25 yrs	18-25 yrs	Junior 7-17 yrs	Junior 3-6 yrs	Social
British Tennis membership number					
Date of Birth*					
Address including postcode*					
Home Telephone					
Mobile Telephone					
e-mail*					

<p>Wimbledon Ticket draw: Please put a <u>tick</u> in the box if you wish to enter the draw. You must be over 8 years old and a member of 'British Tennis'. Please note that tickets are not transferable and that if you are under 16 you must be accompanied by an adult.</p>	
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<p>British Tennis: This only applies if you do <u>not</u> have a British Tennis membership number shown above. If so, you permit us to use your membership details marked with an * above to sign you up for 'British Tennis' membership at no charge via the British Tennis web site. If you do <u>not</u> want us to sign you up for British Tennis please put a <u>cross</u> in the box.</p>	
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I wish to become a member of Hampton-in-Arden Sports Club Limited and hereby agree, if accepted, to abide by the [rules](http://www.hamptontennis.org.uk) of the club which can be read at www.hamptontennis.org.uk. I understand that there is a potential personal liability of £5 should the club be wound up. I give permission for my membership details to be held on computer by Hampton-in-Arden Sports Club Limited and for these details to be available at www.hamptontennis.org.uk to other members with an authorised password. If I have provided my email address, I agree that the club may send me newsletters and notices for Annual or Extraordinary General Meetings by email.

Signed:.....Name:.....Date:.....
 Parent/guardian to sign on behalf of juniors under 16

Juniors (Under 16): To provide a safe club for junior members please provide the following information.

Parent/guardian to contact in emergency	
Relationship to child	
Contact telephone number (s)	
Please detail special care needs, dietary requirements, allergies or medical conditions	

Parent/guardian declaration (Under 16): I agree to my child 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](#). I understand that in the event of injury, illness or other medical need, all reasonable steps will be taken to contact me and to deal with the situation appropriately.

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 here.

I understand that I must inform the club of any changes to the information provided on this form.

<p>Photo/Image consent: I consent to my child being involved in any publicity (inc TV footage/photographs) surrounding the activities or events of Hampton-in-Arden Tennis Club.</p>	<p>Yes or No</p>
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Signed:.....Name:.....Date:.....

Data Protection: The above information will be held on computer for club administration purposes only and will not be made available to any person outside Hampton-in-Arden Sports Club.