

HEMINGFORDS LAWN TENNIS CLUB

JUNIOR REGISTRATION FORM

SURNAME (please print)		DATE OF BIRTH:
FIRST NAME		MALE / FEMALE (delete as appropriate)
POSTAL ADDRESS (including postcode)		
CONTACT NUMBERS:	Home	
	Mobile 1	
	Mobile 2	
E-MAIL ADDRESS		
BTM NUMBER (<i>Register at www.lta.org.uk/signup</i>)		

ALLERGIES/MEDICAL CONDITIONS: Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions, including any information you feel may be useful or relevant in an emergency.

In the event of an emergency, do you give your permission for us to administer first aid: **YES/NO**

PARENT/GUARDIAN DECLARATION

By signing and returning this form, I agree to (child's name) taking part in the general activities of the club and give my consent for him/her to be photographed/filmed. I understand that photography/filming at the club is prohibited unless by permission of the coach. However, the club may, for training purposes or club events take photographs/film, in which case written permission from parent/guardian will be obtained before any images are put into the public domain.

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:

Print:

Date: