



# Ryde Lawn Tennis and Croquet Club

Playstreet Lane, Ryde, Isle of Wight, PO33 3LJ

Tel: 01983 562095 [www.rydelawn.co.uk](http://www.rydelawn.co.uk)



## JUNIOR MEMBERSHIP APPLICATION/RENEWAL FORM 2017/18

There are 2 ways to apply/renew your membership:

1. By cheque: please send the completed application form with your cheque (made payable to Ryde Lawn Tennis and Croquet Club) to the above address
2. By electronic transfer: please email the completed application form to [membership@rydelawn.co.uk](mailto:membership@rydelawn.co.uk) and send the remittance to a/c no 00546289, sort code 30 97 42 with your surname as reference

Membership will only be renewed on receipt of a completed form and payment.

First name:		Surname:		Date of Birth	
Address:					
				Post Code:	
Home Phone No:				Mobile Phone No:	
Male <input type="checkbox"/>		Female <input type="checkbox"/>		Junior's email address	

<b>Membership Category</b> – Please tick as appropriate			
Under 12 on 1 <sup>st</sup> April 2017 - £20		Under 18 on 1 <sup>st</sup> April 2017 - £40	
Non-resident on IoW Under 12 on 1 <sup>st</sup> April 2017 - £15		Non-resident on IoW Under 18 on 1 <sup>st</sup> April 2017 - £30	

<b>Details of Parent/Guardian</b>					
First name:		Surname:		Relationship to Child:	
Address: If different from above					
				Post Code	
Home phone no:				Mobile No:	
Work phone no:				Emergency Contact no:	
Email					

<b>Please use this box to describe any special care needs, dietary requirements, allergies or medical conditions.</b>

# THIS SECTION IS ONLY REQUIRED TO BE COMPLETED BY NEW MEMBERS

**Application for Membership** to be proposed and seconded by adult members of RLTC.

Proposer: ..... Signature: .....

Seconder: ..... Signature: .....

### Parent/guardian declaration

*By signing and returning this form I agree that .....(junior's name) may take 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 requirement, 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 acknowledge that the date I provide will be maintained on a computer and used solely for keeping members informed about the club and club activities. A record of names, addresses and telephone numbers will be kept in the club house.*

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

Signature of parent/guardian: ..... Date: \_\_\_/\_\_\_/\_\_\_

### Filming and photography consent:

I give permission for ..... (junior's name) to be involved in any publicity, which may include photographs and TV footage, surrounding activities organised by RLTC.

Signature of parent/guardian: ..... Date: \_\_\_/\_\_\_/\_\_\_

**LTA Child Protection** T: 0208 487 7008/7116 M (24 hour): 07971 141 024  
Email: [childprotection@lta.org.uk](mailto:childprotection@lta.org.uk)

RLTCC encourages all members to apply for free British Tennis Membership which makes them eligible for the Club's Wimbledon draw			
RLTCC will enroll all members for British Tennis Membership unless this box is ticked to say NO <input type="checkbox"/>			
British Tennis is part of the Lawn Tennis Association, the governing body for tennis and places to play.			

Club Use Only			
Cttee:	Mem No:	D/base	Email