

## **MILFORD TENNIS & SQUASH CLUB**

## Junior Membership Registration Form (persons under 18)

As an **L.T.A. Clubmark** accredited club, we are obliged to ask you, as a **Junior member\* / non member\***, to fill in this form. It will also help us to provide a safe club. \* **Please delete as appropriate**. Please complete this form in block capitals and ask your parent or guardian to sign it. **Please return the form to** The Membership Secretary. This form is confidential and will only be available to Club coaches.

Name:		Date of Birth:
Gender:	Male/Fema	le (delete as appropriate)
Address:		
Contact Numbers	Homo	
Contact Numbers:	Home Mobile	
Email:	TWOOIIC	British Tennis Number
Please provide details of r	parent or auardia	n who we can contact in case of emergency:
Name:		
Relationship to child:		
Contact Numbers:	Home	
Confact Normbers.	Mobile	
	Work	
Address:	TYOIR	
Email:		
Doctors Name:  Member's signature:		Telephone No.:
igned:		Date:
arent/Guardian decla	ration	
By signing and returning general activities of the code of conduct for po	g this form, I agr club. He/she h arents, as displa city (website, so	ee to(child's name) taking part in the as agreed to follow the rules of the club and I agree to accept the yed in the clubhouse. I also agree to the club using my child's image cial media and/or external PR & advertising). Please refer to the y we use your data.
hat could affect his/he	er safety at the of other medical	al care needs, dietary requirements, allergies or medical conditions club, other than those declared on this form. I understand that in the need, all reasonable steps will be taken to contact me and to deal
understand that I must	inform the club	of any changes to the information provided on this form.
Signed:		Date:
Name:		■JunRegFormApril2023