



# Worfield Tennis Club

## Membership Application/Renewal Form 2018

(1/2/18 ~ 31/1/19)

Membership Type	Definition	Subscription	tick
Family	<i>Two adults and all children in full time education</i>	£235	
Adult	<i>18 and over</i>	£110	
Student / Apprentice	<i>18+ in full time education / Apprenticeship</i>	£45	
Junior A	<i>11 – 17 years of age</i>	£30	
Junior B	<i>5 – 10 years of age</i>	£15	
Country	<i>Primary residence more than 50 miles away</i>	£60	

### Membership Contact Details: (If new member or changed)

Contact Title/Name	
Address Line 1	
Address Line 2	
Town	
County	
Postcode	
Home Telephone No	
<b>email address</b>	

### Member Details for this address, adults first:

Name	D.O.B (Note.1)	Mobile Tel.	Work/other Tel.	Privacy. (Note.2)	Match (Note.3)	Cleaning Rota (Note.4)

**Note 1:** enter Date of Birth only if Junior or Student  
**Note 2:** Tick if you are willing to share your contact details with other club members  
**Note 3:** Tick if you wish to be considered for league matches  
**Note 4:** Tick if you are willing to help with the cleaning/maintenance rota.

### Enter Subscriptions Required:

Type	No.	Annual Subscription	Sub-total	Late Payment	No.	Sub-total
Family		@ £235		+ £10		
Adult		@ £110		+ £10		
Student		@ £45				
Junior A		@ £30				
Junior B		@ £15				

Total Fee enclosed    £.....                      Signature .....

Please make cheques payable to **Worfield Tennis Club** and send to:

**Helen Maddox**, Nunfield Brook, Worcester Road, Pattingham, Wolverhampton, WV6 7EG.

email: helen@petermaddox.co.uk

**Please Note:** There is a £10 surcharge for payment after 30<sup>th</sup> April 2018 for Adult members.



# JUNIOR Membership Form:

## Consent and Emergency Contact Form

### Your details (if U18 must be the parent/carer)

Name:		
Address:		
Contact details:	Phone: Mobile:	Email:

### Details of the child / adult (if different)

Name:		
Date of birth:		
Address (if different from the parent/carer):		
Contact details (if different from the parent/carer):	Phone: Mobile:	Email:

### Details of the event/trip the child / adult will be attending

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### Activities

I give permission for the child / adult to:		
Be involved in photography and/or filming.	Yes	No
Travel by any form of public transport or in a motor vehicle.	Yes	No
Other (please detail)	Yes	No



## Child / Adult Medical/Disability History

Does the child /adult have:	
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes No
Any access needs?	Yes No
Any religious or spiritual practices we should be aware of?	Yes No
Any dietary needs we should be aware of?	Yes No
Anything else which we should be aware of?	Yes No
If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).	

## Emergency Contact Details (if different from Parent/Carer)

Name:		
Relationship to the child or adult:		
Address:		
Contact details:	Phone: Mobile:	Email:

## Confirmation

Name of parent/carer or adult (print):		Date	
Signature:			
Consent valid for the following period (please circle)	<b>This event only</b> <b>1 week</b> <b>1 month</b>	<b>1 year</b> <b>Other (please detail):</b>	