



**Parent/Guardian Declaration
(essential if applicant is under 16 years of age)**

By signing and returning this for, I agree to:

_____ (name of child)

Joining as a junior member, and 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.

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.

Understand that I must inform the Club of any changes to the information provided on this form.

Signed: _____

Date: _____

PHOTO CONSENT

Please tick the box if you DO NOT wish your child to be included in any photographs during events.

PAYMENT METHOD

- Cheque (payable to University of Warwick)
- Credit/Debit Card (in person at the Tennis Centre only)

Please DETACH this portion of the form and return it to:
Penny Harris, University of Warwick Tennis Centre,
Westwood, Coventry CV4 7AL



For further information, please contact:

Penny Harris
University of Warwick
Tennis Centre
Westwood
Coventry
CV4 7AL

Phone: 024 761 50690

E-mail: tenniscentre@warwick.ac.uk



*JOIN THE
NEWEST TENNIS
CLUB IN
WARWICKSHIRE*



*JUNIOR MEMBERSHIP
(under 18)
ONLY £40
PER YEAR*

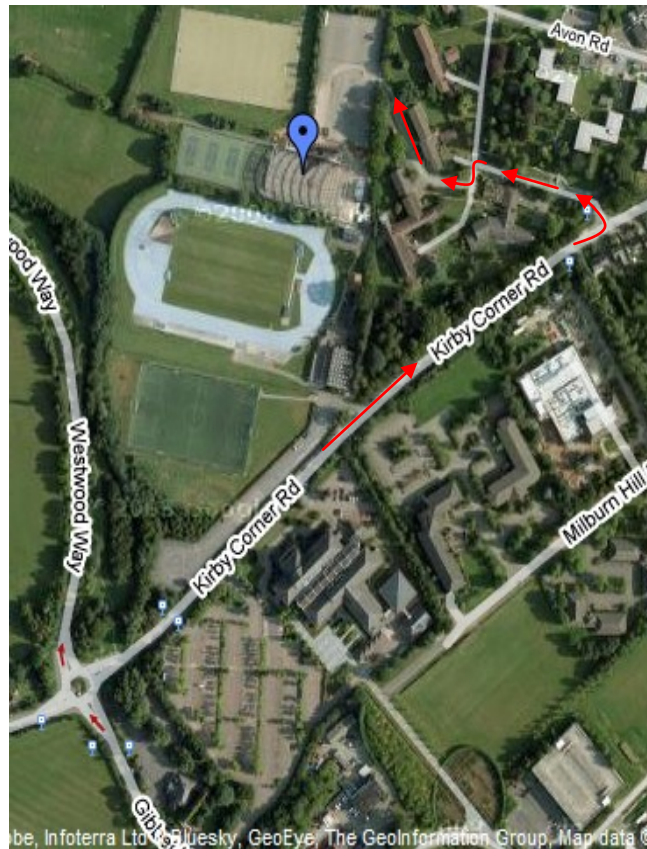
Membership Benefits

- Free Friday Night Club.
- 10% discount on Saturday morning tennis at the Tennis Centre.
- Free outdoor courts (with prior booking). Floodlights to be charged at £4 per court per hour.
- Access to NJCL teams (dependent upon standard).
- Free British Tennis Membership.
- Free LTA Mini Tennis Rating.

ALL FOR £40.00 PER YEAR

Where to find us:

Situated next to Car Park 13
(parking charges may apply)



<http://www.warwick.ac.uk/go/tenniscentre>

Junior Membership Application Form

PLEASE ENSURE YOU SUPPLY A PASSPORT SIZED PHOTO WITH YOUR APPLICATION

SURNAME:	
FORENAME:	
ADDRESS:	
POSTCODE:	
DATE OF BIRTH:	
GENDER:	MALE / FEMALE
Email:	
Standard of Play (description or rating) :	
Please describe any special care needs, dietary requirement, allergies or medical conditions:	
IMPORTANT —PLEASE PROVIDE BELOW, DETAILS OF A PARENT/GUARDIAN THAT WE CAN CONTACT IN CASE OF AN EMERGENCY	
NAME:	
RELATIONSHIP TO CHILD:	
CONTACT NUMBERS	
MOBILE:	
HOME:	
WORK:	
Email:	
ADDRESS (if different from above):	