

Woking Lawn Tennis & Croquet Club

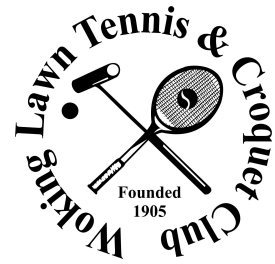
Pine Road, Hook Heath

Woking, Surrey GU22 ODX

Telephones: 01483 730104 (Office). 01483 760574 (Members)

Email: sec@wltcc.org.uk

Web Site: www.wltcc.org.uk



Candidate for Election

Date.....as

a..... Member/s*

NAME OF EACH ADULT (in full).....

Profession or Occupation.....

Address for Club Register.....

.....Post Code.....

Home phone No..... E-mail Address.....

DOB..... Mobile.....Emergency Contact.....

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BTM No of Adults

JUNIOR DETAILS (please also complete page 2 of this form)

Name DOB BTM No

Name DOB BTM No.....

Name DOB..... BTM No.....

Other Tennis and Croquet Clubs (and L.T.A. Rating or C.A. Handicaps).....

Please state how you heard of our Club.....

By filling in this form, all tennis player listed above will also being automatically signed up for free adult or junior British Tennis Member. This will enable you to take advantage of the many benefits offered to British Tennis Members including Wimbledon tickets, exclusive news and discounts and a player rating. For more information visit:

www.LTA.org.uk/membership. You agree that all individuals included on the form will abide by the Terms and Conditions of British Tennis Membership (at www.LTA.org.uk/BTMTc) and that this Club and the LTA and its directly affiliated bodies (see www.LTA.org.uk/affiliatedbodies) can use the personal data of you/your child, including sensitive personal data that you provide, for the purposes of your and their involvement in the activities of the Club and British Tennis, and to send you/your child by post, e-mail or SMS information related to those purposes (for more information see www.LTA.org.uk/privacy).

I hereby agree to abide by the Rules and Bye laws of the Club as laid down by the Committee and as shown on the Club's website.

SIGNATURE OF CANDIDATE.....

When submitting your application and subscription forms to the Subscription Secretary, please enclose your cheque. Please remember to include the £10 deposit for each security card. Once you have received your security cards you may use the Club, and your application will be finalized at the next meeting of the Club's Main Committee. Please refer any queries to the Club Secretary on 01483 730104.

*Please enter membership level as shown on subscription form.

Please complete the following section for ALL Mini and Junior Members.

MEDICAL INFORMATION

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Member's signature: (over 16 years of age)

Signed:..... Date.....

Parent/guardian declaration (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to (child's name) 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.

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

I consent to my child's photograph being taken and used by WLTCC on any noticeboard, newsletter or promotional material unless otherwise advised in writing.

Signed:.....Date:.....

Name:.....

LTA Child Protection

T: 0208 487 7008/7116

M (24 hour): 07971 141 024

E: childprotection@lta.org.uk

www.LTA.org.uk/childprotection