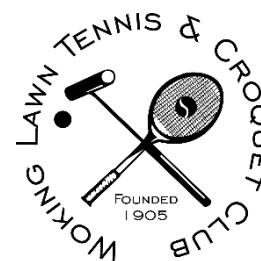


Woking Lawn Tennis & Croquet Club

Pine Road, Hook Heath

Woking, Surrey GU22 0DX

Telephone: 01483 730104 Email: sec@wltcc.org.uk Website: www.wltcc.org.uk



Membership application form: Tennis

Please complete details of all persons wishing to apply for membership.

First name		Surname		Membership category	
Email		Phone		Mobile	
Date of birth		Emergency contact name & phone			
				British Tennis member	Y/N

First name		Surname		Membership category	
Email		Phone		Mobile	
Date of birth		Emergency contact name & phone			
				British Tennis member	Y/N

First name		Surname		Membership category	
Date of birth		Emergency contact name & phone			
				British Tennis member	Y/N

First name		Surname		Membership category	
Date of birth		Emergency contact name & phone			
				British Tennis member	Y/N

Address				Post code	
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I agree:

- to abide by the Rules and Byelaws of the Club as laid down by the Committee and as shown on the Club's website
- that WLTCC can use the personal data of all individuals included on this form, including sensitive personal data that I provide, for the purposes of my and their membership and involvement in the activities of the Club. For more information please visit our Privacy Policy on our website.

Please tick: I understand that all tennis players listed above will also automatically be introduced to British Tennis. This will enable players to take up free British Tennis Lite membership; advantages include Wimbledon ticket ballot entry, exclusive news and discounts and a player rating. For more information visit: www.LTA.org.uk/membership

Signature of all candidates over 18 years	Date



SURREY.TENNIS



Junior members: please see Junior member declaration overleaf.

Please state how you heard about WLTCC:

Office use only:				
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Medical Information

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

Parent/guardian of Junior member declaration (essential if applicant is under 18 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.

Please tick:

I consent to photographs & video of my child/children being taken and used by WLTC on any noticeboard, newsletter or promotional material.

Signature of Parent		Name		Date	
Relationship to Junior					

LTA Child Protection

T: 0208 487 7008/7116

M (24 hour): 07971 141 024

E: childprotection@lta.org.uk

www.LTA.org.uk/childprotection