



# Launceston Tennis Club

## JUNIOR MEMBERSHIP FORM

We are very pleased to welcome you to Launceston Tennis Club.

To ensure we have the correct contact details for you, please fill out this form and give it back to Jenny Worth (Junior Coach Coordinator)

If you are under 16, please also ask your parent or carer to sign the form before it is returned. We will also use this information to ensure that you are kept informed about club events. Please take note of the codes of practice displayed on the notice board and on the website – [www.launcestontennis.org/codes.html](http://www.launcestontennis.org/codes.html)

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Postcode** \_\_\_\_\_

**Telephone (parent/carers)** \_\_\_\_\_

**Mobile (parent/carers)** \_\_\_\_\_

**E.mail (parent/carers)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

Please detail below any important medical information that our coaches/junior coordinator should be aware of

Visual impairment	Learning disability	Physycal disability
Hearing impairment	Multiple disability	Other (please specify)

### **Access to Courts**

Members of Launceston Tennis Club are able to access the tennis courts by the coded padlock during school holidays and from 6 p.m. weekdays and at weekends.

At times other than scheduled sessions, all under-13s must be accompanied by an adult and for those over 13 parents/carers must be aware that they will not be supervised by anyone from the tennis club and are playing at their own risk. Anyone using the courts must be responsible for locking the gates on departure.

### *Sporting Information*

**Have you played tennis before?** (please tick) Yes No

**If yes, where have you played the sport** (please indicate below)

Primary school	Club
Secondary school	County
Local authority coaching session	Other (please specify)

Medical Information

Please detail below any important medical information that our coaches/junior coordinator should be aware of (e.g. epilepsy, asthma, diabetes etc) and also inform the person in charge at the beginning of each session

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Emergency contact details

To be completed by parent/carer

Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident

**Contact name e.g. parent/carer** \_\_\_\_\_

**Emergency contact number** \_\_\_\_\_

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details. I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

**Name of parent/carer:** \_\_\_\_\_

**Signature of parent/carer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Consent form – photography and filming

I give permission for (name of child) .....  
to be involved in any publicity (including photographs/TV footage) in connection  
with Launceston Tennis Club events.

**Signed** ..... **Date** .....

**Name** .....

**Relationship to child** .....

**Address** .....

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**Membership Fees:**    **12 years old and under : £10**                      **13 years old and over: £25**

Cheques should be made payable to “Launceston Tennis Club”. Please send completed form and cheque to: Tim Hambly, Treasurer, Launceston Tennis Club, 12 Duke Street, Launceston, Cornwall PL15 8HD.