

**TRACKSIDE LAWN TENNIS CLUB – Membership Form 2020**

[www.tracksideltc.ie](http://www.tracksideltc.ie)

[www.facebook.com/tracksidelawntennisclub](https://www.facebook.com/tracksidelawntennisclub)

email: [tltcmembership@gmail.com](mailto:tltcmembership@gmail.com)

Please complete and return this form to the Club with the appropriate subscription for the attention of:

Suzanne Fox, Membership Secretary

Surname	First Name	Age & Date of Birth (if under 18 years)	Gender	Annual Subs (see below)
				€
				€
				€
				€
				€
				€
			<b>Total</b>	€

In the interest of health and safety, if your child has any medical conditions of which you feel the club should be made aware please outline the details here:

Signature:..... Date:.....

Address:.....

Home telephone.....

Mobile.....

E-mail.....

As a club we will correspond with you via the main email address & mobile number supplied.

Please tick if you wish to be included on the club mailing list

Membership Type	Definition	Annual Subscription*
Senior		€150
Family**		€210
Pavilion***		€75
Junior	Under Age 18 on 1 <sup>st</sup> February 2020	€40
Student	Age 18 and over on 1 <sup>st</sup> February 2020 and in full time education (student card required)	€50

Notes:

1. \*Year runs from 1 February 2020
2. \*\*Family membership is limited to 2 adults and school going children under 18
3. \*\*\*Pavilion Membership is governed by the rules set out in the attached appendix
4. Annual subscriptions are not refundable and waivers are not permitted
5. All members must abide by the Constitution and Rules of the Club

**Parent/Guardian Declaration (for all members under 18 years of age)**

I agree to all U18 members on this form taking part in the general activities of the Club in line with the Code of Ethics for Tennis. To my knowledge the U18 members have no special care needs, dietary requirements, allergies or medical conditions that could affect their 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. Video equipment may occasionally be used as a performance coaching aid and/or photographs taken for use in tennis publicity or publication.

I am happy for the under 18 members to be videoed/photographed as set out above.

Yes

No

Signed..... Date.....

Name..... Relationship to member(s).....

**To be signed by ALL Senior Member/s and/or Parent/Guardians**

I have read and subscribe to the Club's policy on Child Protection.

I have read and agree to the provisions of the Club's Privacy & Data Protection policy.

These policies are available on the Club website - [www.tracksideltc.ie](http://www.tracksideltc.ie) - and are also on display in the Clubhouse. Signed by Senior Member/s or Parent/Guardian

Signature (1).....(2).....

Print Name/s (1).....(2)..... Date.....