

**Please use BLOCK CAPITALS for all details**

**To be completed by the Parent or Guardian**

Junior Membership Classes and Subscription Rates are detailed on website: [www.hamiltontennisclub.co.uk](http://www.hamiltontennisclub.co.uk)  
 HLTC and the Coaches are always looking to ensure that the Club environment is a Safe and Secure place for your Children.  
 Please complete this form for each Junior Tennis Member and return it with your Membership Fee to the HLTC  
 If you are late picking up your Child from the Club for any reason, please contact one of our Coaches.

This form is available within the Club or can be downloaded from the Website.

Tennis Avenue - (Off Sandy Lane)

Email - [hamiltonlawntennisclub@btconnect.com](mailto:hamiltonlawntennisclub@btconnect.com)

Melton Mowbray - LE13 0RB

[www.hamiltontennisclub.co.uk](http://www.hamiltontennisclub.co.uk)

Tel - 01664 562 204

Facebook - Hamilton Melton

Address																
Town/City																
County																
Post Code																
Landline Tel. No																

Please note the HLTC complies with the General Data Protection Regulations. The HLTC policy can be viewed on the Hamilton Website.

The Junior

Title		Forename(s)											Surname																	
Girl / Boy												DOB																		
Emergency Contact Number																														
Contact Email																														
Ethnic Origin												Cost / £																		
Any treatment / Diet taken or followed.												Membership Type	<b>Consent</b> I give permission for my child to:- Be involved in photography and/or filming Yes No Travel by any form of public transport or in a motor vehicle Yes No Other (Please detail) Yes No																	
Any health factors that may restrict full participation in Tennis Club																														
Any known allergies / sensitivities (e.g. plasters).																														

I certify that the above information is, to the best of my knowledge, correct and undertake to notify the Secretary of any changes

I give permission for my Child detailed on this form to attend and take part in the Club's normal activities including travel to Away Matches.

In the event of illness or accident I authorise the Person In Charge to sign on my behalf any written consent for treatment or medication required if the delay required to obtain my signature is considered inadvisable by the Doctor concerned. I also authorise the Person in Charge to administer medication as prescribed by a Doctor to my Child(ren) as necessary.

Emergency Contact Number																	
Signed by Parent or Guardian (Emergency Contact)																	
Emergency Contact Number																	
Name (Block Capitals)																	
Relationship to Child(ren)																	
Date																	

Welfare Officer - Children and Vulnerable Adults	Matthew White	07704 435 907 or 01664 565 874
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