

**PARENT/GUARDIAN DETAILS (Emergency Contact)**

First Name	_____	Relationship	_____
Surname	_____	☎ Mobile	_____
Address	_____	☎ Home	_____
	_____	☎ Work	_____
	_____ Postcode _____	✉ Email	_____

**CHILD'S DETAILS**

	First name*	☎ Mobile	Gender	Date of birth	✉ Email	Category	Cost
1.			<input type="checkbox"/> M <input type="checkbox"/> F				
2.			<input type="checkbox"/> M <input type="checkbox"/> F				
3.			<input type="checkbox"/> M <input type="checkbox"/> F				
4.			<input type="checkbox"/> M <input type="checkbox"/> F				
5.			<input type="checkbox"/> M <input type="checkbox"/> F				

\* Add surname if different from Parent/Guardian

Total Cost \_\_\_\_\_

**NOTES (Please describe any special care needs, dietary requirements, allergies or medical conditions for each child)**

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

**MEMBERSHIP DETAILS**

**Category C** Child of Full Adult Member.....£0    
  **Category M** Mini Tennis (Year 2-5).....£30  
 **Category J** Junior (Year 6-13).....£50    
  **Category T** Tots (to Year 1).....£20

**PAYMENT DETAILS**

Fees are payable by 30<sup>th</sup> April or on joining, they are valid until the following 30<sup>th</sup> April. Members are reminded that they are not eligible to play in the teams until they have paid their subscriptions. Members paying before 26<sup>th</sup> April are entitled to enter the Wimbledon draw for tickets.

**Cheque**

Please give this form along with your cheque (made payable to Conway LTC) to Head Coach Manni Naumann or send to:

Jo Lord  
74 Morton Way  
Southgate  
London N14 7HR

✉ Email: [lordmandj@gmail.com](mailto:lordmandj@gmail.com)

**Online**

Members may use their online banking facilities to pay. Please use your surname as a reference and then submit this form.

Sort Code: 40-07-32  
Account: 51002902

**PARENT/GUARDIAN DECLARATION** (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to (enter names of all children) the following children taking part in the general activities of the club:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

He/she/they has/have 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/they has/have 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.

Signed \_\_\_\_\_

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

Date \_\_\_\_\_

\*\* All capitals

**LTA Child Protection**

☎ Telephone 020 8487 7008 / 7116

☎ Mobile (24 hour) 07971 141 024

✉ Email [childprotection@lta.org.uk](mailto:childprotection@lta.org.uk)

🌐 Website [www.lta.org.uk/childprotection](http://www.lta.org.uk/childprotection)

Reset form

Submit form

Please tick box if you DO NOT want your contact details circulated to other club members.