



TRURO
Lawn Tennis Club

Affiliated to the Cornwall LTA

Truro Lawn Tennis Club Membership Form 2020/2021

PLEASE MAKE CHEQUES PAYABLE TO "TRURO LTC" & SEND WITH COMPLETED FORMS TO

Roz Hibbert Membership Secretary Chyreen, Hillhead, Ladock, Truro, TR2 4QA

Email: tltcsubs@gmail.com Membership categories: Please tick boxes and add total at the bottom

<p>Full Playing Adult £202 <input type="checkbox"/></p> <p>(Play anytime Mon-Sun)</p>	<p>Junior 12-18 (Secondary) £34 <input type="checkbox"/></p> <p>Junior 11 & under (Junior) £24 <input type="checkbox"/></p> <p>On 1 April in the year of joining</p>
<p>Weekday £143 <input type="checkbox"/></p> <p>Play between 9am-5pm Mon-Fri and may participate in any American Tournament held at the Club, but not play LEAGUE matches or Club Tournaments</p>	<p>Parent £34 <input type="checkbox"/></p> <p>Restricted to playing with Son/Daughter <u>only</u> at times where Juniors are entitled to play, but NOT during Junior Club Sessions on Saturday mornings</p>
<p>Country Adult £143 <input type="checkbox"/></p> <p>(Must live 12 miles or more from Truro Tennis Club)</p>	<p>Vice President/Social/ Table Tennis * £40 <input type="checkbox"/></p> <p>*Should you not wish to receive information about social events etc, please tick this box <input type="checkbox"/></p>
<p>Young Person/Student £38 <input type="checkbox"/></p> <p>(Aged 18 - 23 on 1st April in the year of joining)</p>	<p>To enable Truro Tennis Club to obtain as many tickets as possible for the Wimbledon Ballot (even if you do not wish to have these tickets yourself), please register with the British Tennis Association and obtain your BTM (FOC). <u>YOU WILL NEED TO register on the LTA website and your Rating will also be supplied. Please "OPT IN" and state that your affiliated club is Truro Tennis Club. Thank you.</u></p>
<p>If paying by BACS please provide proof of payment with your application form.</p> <p>Bank details: Sort code 09-01-55 Acc No 87523085</p> <p>(There is a 10% discount for 2 or more members living in the same household. However, one member must be over 21)</p> <p>Total Subscription Payable (inc discounts)</p> <p>Chq <input type="checkbox"/> Cash <input type="checkbox"/> BACS <input type="checkbox"/> £ <input style="width: 100px;" type="text"/></p>	
<p>Title: Mr, Mrs, Ms, etc</p> <p>Name:</p> <p>D.O.B. – if under 23</p> <p>Address:</p> <p>Post Code:</p>	
<p>Telephone Home*</p> <p>Mobile Number*</p>	
<p>Email Address*</p>	
<p>* Phone numbers & email addresses will be issued to any member of the club if requested, (but not to any person outside the club). Please register in your profile in ClubSpark if you have any objections.</p>	

DATA Protection
PASSWORD

(No more than 6
numbers or letters)

WHY IS THIS IMPORTANT?

At times, we may be asked to give details regarding family members bank details for transfers etc over the phone and we must ensure that we are speaking to the correct people hence the need for individual secure passwords. _ _ _ _ _

Child Medical Information:

Doctors name, surgery address and telephone number:

Does your child have any medical conditions that we should be aware of inc Asthma and allergies?

YES NO

If YES Please Give details:

Please give details if any medication is required and if we are given permission to administer i.e. Inhalers, EpiPen's:

Signed by Parent/Guardian _____ **Date** _____

(please be aware that we must be informed of any changes to your child's health immediately so that we can update our records and ensure that your child is covered by our duty of care)

Child Visual image consent form:

At times Truro Lawn tennis club may use photo or other forms of media image (i.e. video) for publicity, promotional material, Club newsletters and Newspapers or training purposes.

Are you happy for your child to be included in such material: **YES NO**

If YES, can we publicise your child's name **YES NO**

Signed by Parent/Guardian _____ **Date** _____

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Your BTM number _____

Your Rating is _____

SIGN to agree to become a member of TLTC and BTM www.lta.org.uk

(Please sign as Parent or Guardian if member under 18) _____

PRINT NAME _____

DATE :