

GATC Senior membership form

Please complete this form (one for each member if joining as a family) and return to our membership secretary:

Sharon Barnard, 4 Cavendish Road, Chester CH4 8JN

Name

Address

Postcode

Date of Birth

Home telephone number

Mobile (if available) *

Email (if available) *

Additional information:

- A copy of the club rules can be found on the notice board in the clubhouse and on the GATC website (www.glanaber.com). All members are deemed to have read and agreed to abide by them.
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Medical information

Please detail below any important medical information that our coaches should be aware of (e.g. epilepsy, asthma, diabetes etc.)

Emergency contact details

Please indicate the person(s) who should be contacted in event of an incident/accident.

Contact name

Emergency contact number

Signoff

By signing below I agree to:

- a) Become a member of Glan Aber Tennis Club
- b) Abide by the Club rules.

Signature:

Date:

The next 2 sections are Clubmark recommended **but optional**

Ethnicity

Tick one of the following boxes to identify your ethnic group/origin.

A. White

British
Irish
Any other white background (please specify)

B. Mixed

White & Black Caribbean
White & Asian
White & Black African
Any other mixed background (please specify)

C. Asian or Asian British

Indian
Pakistani
Bangladeshi
Any other Asian background (please specify)

D. Black or Black British

Caribbean
African
Any other Black background (please specify)

E. Chinese or other ethnic group

Chinese
Any other (please specify)

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with “a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities”.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Sporting information

Have you played tennis before? Yes No

If yes, where have you played the sport :

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