

GATC Under 18 membership form

Please complete this form and return to our Membership Secretary:

Sharon Barnard, 4 Cavendish Road, Chester CH4 8JN

Name

Name of parent / guardian

Address

Postcode

Date of birth

Home telephone number

Mobile (if available)

Mobile of parent / guardian (if available)

Email (if available)

Email of parent / guardian (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.

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.

In the event of injury or illness all reasonable steps will be taken to contact the person below, and to deal with that injury / illness appropriately.

Contact name

Emergency contact number

Sign off

.By signing below I agree to:

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

Photography: I give permission for photographs of the under 16 member to be used in connection with GATC published information (e.g. on website or in clubhouse).

Please tick if not applicable ✦

Signature of member:

Signature of parent/guardian (if under 16):

Date:

By returning this completed form, I agree to the under 16 member above taking part in the activities of the club. I understand that I will be kept informed of these activities – e.g. timing and transport details.

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

Ethnicity (optional section)

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 (optional section)

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	<input type="checkbox"/>
Secondary school	<input type="checkbox"/>
Local authority coaching session(s)	<input type="checkbox"/>
Club	<input type="checkbox"/>
County	<input type="checkbox"/>
Other (please specify)	