



Junior and Parent Membership Application Form

Annual Subscriptions 1 April 17 to 31 March 18

Cotham Park Tennis Club

Junior Membership

Under 14 years old Free
but forms must be completed in order to join.

14 - 17 years old: £25

Parent Membership

Full member: £195

Family : Adult price plus £40 to cover all children in FTE

Weekday member £115

Playing parent: £40

Adult's joining fee (full and weekday members only) £25

Parents' playing times

Full member: May play at all times with all other members.

Weekday member: May play with all other members Monday to Friday before 4pm.

Playing parent: May only play with juniors at designated times.

Joining Procedure for New Members

**FOR JUNIOR MEMBERS A PARENTAL CONSENT FORM MUST BE FILLED IN FOR EACH CHILD.
JUNIOR MEMBERSHIP WILL NOT BE ACCEPTED WITHOUT A COMPLETED CONSENT FORM.**

Application Details

I wish to join Cotham Park Tennis Club as a Junior/Parent member for the 2017/2018 season and agree to abide by the club rules and guidelines for the current season which are on display in the clubhouse and any further rules that I may be informed of by email or notices. I acknowledge the liability to contribute the sum of £1 in the event of a shortfall of assets should the club be wound up. I also agree to sign the attached Health and Safety contract.

Junior name: _____ Parent/Guardian name: _____

Address: _____

Postcode: _____ Telephone number: _____ Junior date of birth: ____/____/____

Email address: (in block capitals please) _____

Email is now the primary means of communicating with members.

Please ensure that we have your correct email address.

Subscription fee: Junior: £ _____ Parent: £ _____ Keys to club (£5.00) _____ Total: _____

Junior signature: _____ Date: _____ Club/National rating: ____

To comply with club rules and LTA guidelines, and for their own safety, junior members MUST be accompanied and supervised by an authorised adult (parent or guardian) at all times when they are on and off court.

Junior members between the ages of 14 and 18 years may play without supervision only if we receive written permission from a parent or guardian. Please give written permission if necessary on the consent form.

If keys are required for a junior under 14 then the parent/guardian must retain them.

Parent's /Guardian's signature: _____ **Date:** _____

Please note: Junior members and playing parents are to use practice balls - in ball basket.
Use three balls per court. Junior visitors must be authorised and supervised.
Junior visitor's fee £1 per visit.

Payment should be made bank transfer or by cheque.
Cheques should be made payable to "Cotham Park Tennis Club" and enclosed with the completed form.
Bank transfer details: Acc No. : 75110768 , Sort Code : 30-65-22
Reference field should include your name

Please return the completed application part of the form to

Matthew Whitworth
2 St. Matthews Road, Cotham, Bristol BS6 5TS

Consent form received:
Permission for U14 received:
Payment received:

All information will be treated as confidential and will only be used to contact you about the club.
A list of members' names and phone numbers is on display in the clubhouse and is available for members so that they may contact each other. If you do not want to be on this list tick here ____.

**The Club takes no responsibility for loss of or damage to players' or visitors' property.
Membership is not transferable or refundable.**



Cotham Park Tennis Club Health and Safety Contract

CPTC PROVIDES:

4 COURTS AT ITS PREMISES.

CHANGING FACILITIES.

CLUBROOM FOR SOCIALISING.

A BIKE RACK IN THE CAR PARK.

3 TENNIS BALLS PER COURT.

ACCIDENT & INCIDENT BOOKS.

A FIRST AID KIT.

DRINKING WATER.

BENCHES AT THE SIDE OF COURTS.

SWEEPING MATS AND BRUSHES FOR COURTS 3 & 4.

MATS BY COURT 3 STEPS FOR CLEANING SHOES.

MEMBERS MUST:

NOT PLAY IF COURTS ARE SLIPPERY OR OTHERWISE DANGEROUS. WEAR TENNIS FOOTWEAR AT ALL TIMES.

NOT USE THE CLUBROOM FOR CHANGING.

LEAVE IT CLEAN AND TIDY AFTER USE. NOT LEAVE CLOTHES AND RACQUET CASES IN THE CLUBROOM.

NOT BRING BIKES ONTO THE COURTS OR INTO THE CLUBHOUSE.

CLEAR BALLS FROM COURTS AFTER USE AND RETURN THEM TO THE BALL TRAY.

FILL IN AS APPROPRIATE.

USE AS REQUIRED.

PROVIDE THEIR OWN DRINKING BOTTLES.

LEAVE ANY OBJECTS OR ARTICLES OF CLOTHING ON THESE BENCHES AND NOT AT THE SIDE OR BACK OF THE COURTS.

AFTER USE STORE THE MATS AND BRUSHES IN THE AREA INDICATED.

CLEAN THE SAND OFF THEIR SHOES BEFORE USING THE STEPS.

ENSURE THE PLAYING ENVIRONMENT IS FREE OF FOREIGN OBJECTS AND STRAY BALLS BEFORE COMMENCING PLAY.

NOT SMOKE ON THE PREMISES.

I HAVE READ THE ABOVE CONTRACT AND AGREE TO ABIDE BY IT.

**JUNIOR
PRINT NAME**

**PARENT/GUARDIAN
PRINT NAME**

SIGNED

SIGNED

DATE: / /2017

DATE: / /2017

Cotham Park Tennis Club 80 Redland Road, Redland Bristol BS6 6AG

Private and Confidential

Child's Name – BLOCK CAPITALS

Cotham Park Tennis Club

Parental Consent Form 2017/18 season

Part A – to be filled in by The Club

Club: Cotham Park Tennis Club

Clubhouse telephone: no phone

Child Protection Officer: Helen Abbott : 07872 945664

Coach: Simon Porter Mobile: 07504 983645

Parents/Guardians - please make a record of these contacts.

Part B – to be filled in by parent or guardian. (Please use BLOCK CAPITALS.)

Child's Full Name: _____

Date of Birth: _____ National Health Number: _____

Name and Address of GP: _____

GP Telephone: _____

Details of any treatment/diet taken or followed: _____

Details of any health factors that may restrict full participation in tennis club activities: _____

Details of any known allergies/sensitivities (e.g. penicillin): _____

Date of last tetanus injection: _____

I certify that the above information is, to the best of my knowledge, correct, and undertake to notify the person in charge of any changes as soon as they occur.

I give my permission for my child (named above) to attend and take part in the Club's normal activities.

In the event of illness or accident I authorize the person in charge to sign on my behalf any written form of consent for treatment or medication required if the delay required to obtain my own signature is considered inadvisable by the doctor concerned. I also authorize the person in charge to administer medication as prescribed by a doctor to my child as necessary.

Emergency Contact

Signed: _____ Date: _____

Name (BLOCK CAPITALS): _____

Relationship to Child: _____

Home address: _____

Tel No. Daytime: _____ Evening: _____ Mobile: _____

If your child is 14 years old or above and you wish them to be able to play unsupervised at the club then you also need to sign the permission form overleaf/below.

Part C – to be filled in by parent or guardian.

I confirm that _____ is at least 14 years old
and I agree to let them play unsupervised at Cotham Park Tennis Club

Signed: _____ Date: _____