



Junior Subscription Renewal

Annual Subscriptions 1 April 17 to 31 March 18

Cotham Park Tennis Club

Junior Membership

13 yrs old and under: FREE but forms must be completed

14-17 yrs old: £25

Parent Membership

Playing parent: £40

Playing parents may only play with juniors.

To renew your membership please complete the form below and return it with payment

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

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

Subscriptions become due on the 1st of April and should be paid by the 28th of April.

An extra £5 is charged for late payment.

If you have any queries about membership contact Matthew. Tel: 07811 438624. Email: matthew.whitworth@gmail.com.

Renewal Details

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 with the consent form.

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

I wish to renew my membership of Cotham Park Tennis Club in the category Full/Weekday/Student/Junior/Playing parent for the 2017/2018 season and agree to abide by the 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.

Name: _____

Address: _____

Postcode: _____ Telephone number: _____ Date of birth if Junior: _____

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.

Optional information: Mobile telephone number: _____

Subscription fee payable: £ _____ Paid by Cheque Bank Transfer

Signature _____ Date _____

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.

For office use only.

Payment received:

Tag issued:

Parental consent form received:

Permission for U14 Junior received:

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: _____