



# Bracknell Lawn Tennis Club

Lily Hill Road, Bracknell, Berkshire RG12 2SJ      www.bracknelltennis.com

## JUNIOR REGISTRATION FORM

<b>SURNAME</b> (please print)		<b>DATE OF BIRTH:</b>	
<b>FIRST NAME</b>		<b>MALE / FEMALE</b> (delete as appropriate)	
<b>ADDRESS</b>			
<b>POSTCODE</b>			
<b>CONTACT NUMBERS</b>	<b>Home</b>		
	<b>Mobile (1)</b> Main parent contact		
	<b>Mobile(2)</b>		
<b>EMAIL ADDRESS</b>			

**ALLERGIES/MEDICAL CONDITIONS:**Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions, including any information you feel may be useful or relevant in an emergency.

In the event of an emergency, do you give your permission for us to administer first aid: **YES/NO**

### PARENT/GUARDIAN DECLARATION

By signing and returning this form, I agree to ..... (child's name) taking part in the general activities of the club. I understand that photography/filming at the club is prohibited unless consent by all concerned has been obtained. The coaches may, for training purposes or club events take photographs/film. All training material will be destroyed after use and any other images will **never** be put in the public domain without written permission from a parent/guardian. Please tick this box if you do not wish **any** filming or photographs to be made of your child . To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately.

**Thank you for completing this registration form. Your personal data will be processed by the club for the purposes of club and membership administration and to facilitate your child's participation in tennis and, if appropriate, league or competition activities. I understand that I must inform the club of any changes to the information provided on this form.**

Signed:..... Print:..... Date:.....