

Coaching membership Application form



Mr / Mrs / Miss / Ms / Dr / Other (please circle)

First Name(s)

Last Name

Address

Post Code

Telephone

Mobile

Email

Date of Birth

British Tennis membership Number (BTM) if known:

Emergency Contact Details (Please print clearly)

First Name

Surname

Telephone

Mobile

Email

Medical Conditions & Allergies

It would be helpful if you could advise us of any special care needs, medical conditions, dietary requirements or allergies

Where did you hear about us?

Benefits of 1 year Coaching Membership:

- Use of the courts and Clubhouse facilities during a coaching session
- Obtain free British Tennis Membership. To register, go to www.lta.org.uk/membership
- Notification of Club events and offers
- 10% off merchandise in the Club shop
- 25% off first year full membership

Please tick the appropriate box

Adult Full Membership

Adult £40.00

Junior (U18) £20.00

Total Membership fee £

Payment method:

Cash Cheque Make cheques payable to LLTC Ltd

Card Online

Online payment instructions will be sent by email.

I hereby apply for membership of Leicestershire Lawn Tennis Club and agree to abide by the Club Rules. (I understand that my application may be subject to review and that all fees will be returned in the event of my application being rejected).

Signature of Applicant or Parent/Guardian if under 16 years of age

Date

Parent/Guardian Declaration - Essential if applicant is under 16 years age

- By signing and returning this form, I agree to the applicant named above taking part in the general activities of the club and confirm that club rules will be adhered to
- I consent to photographs of the applicant being taken by Club staff or their contractors, Club members or other parents and to photographs of applicant being used from time to time on Club promotional material. Please tick here if do not consent
- I consent to him/her travelling with selected club members on team and other club-related trips if you want to reserve your permission for special request, please tick here
- To my knowledge, he/she has no medical conditions or allergies other than declared on this form
- I understand that I must inform the club of any changes to the information provided on this form

Please return this form with payment to: The Leicestershire Tennis and Squash Club Ltd · Westernhay Road · Leicester LE2 3HF
Office 0116 270 8813 · Clubhouse 0116 270 5279 · info@leicestershire-tennis.co.uk · www.leicestershire-tennis.co.uk

The use of all information on this form will be in accordance with the regulations of the Data Protection Act.