



*Tennis Talent Seekers - Littlehampton  
Maltravers Park  
Littlehampton*

*www.tennistalent.org.uk*

*email: play@tennistalent.org.uk*

**"T.T.S CLUB" 2007-08 MEMBERSHIP/RENEWAL FORM**

MEMBERS NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

HOME TELEPHONE NO: \_\_\_\_\_

MOBILE TELEPHONE NO \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*I enclose a cheque payable to: "T.T.S for £ ..... - (enter appropriate fee) in respect of subscriptions for the 2007-08 schedule (1 April 07 - 31 March 08) - Please pay by 6 Jun 07*

**Family membership: £240.00 pa (Up to 2 Adults & 2 Children)\***

**Under-18 membership: ~~£120.00 pa~~ £60.00 SPECIAL OFFER p.a**

*(includes coaching, must be in full time education)*

**Adult membership: £80 p.a**

*\*The club is a member of the LTA and complies with the LTA Child protection policy. By signing this renewal I give TTS Club permission to utilise any photos, taken from time to time, that may include my son/daughter - for training, publication in our newsletter, website or media news articles/promotion publications. These pictures will only be used to promote the club and will only be used to promote & improve every aspect of our service including the quality of training.*

Signed: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

*\*(for members under 16 must be signed by parent/guardian)*

Date: \_\_\_\_\_

Once completed return with cheque to:

Sarah McCurrach - TTS Treasurer, 64 Horsham Road, Littlehampton, BN17 6DW

***PLEASE COMPLETE MEDICAL DECLARATION FORM ON REVERSE SIDE.***

## **MEDICAL, HEALTH & SAFETY INFORMATION**

*In the event of an accident, we have trained first aiders & kit on site at the TTS Club, however we need to be aware of any specific health condition or allergy your child may suffer from?.*

*This information will be treated as confidential and only used in the case of an Emergency situation where it is necessary to disclose to the Ambulance or emergency services.*

- 1. Does your child have any allergies or reactions to medications or any other medical condition we should be aware of? Or,*
- 2. Adult members should make TTS aware of any medical condition that could affect them whilst taking part in activities & playing tennis at TTS.*

*Please list below or if none, please write "NONE".*

---

---

---

---

---

*Child members: With the above medical condition\*I am/ my child/ren\* is fit to participate in all activities at TTS. I further provide TTS with the necessary consent to release the above medical information to the emergency services if necessary.*

*Member / Child's name: \_\_\_\_\_*

*Signed:\_\_\_\_\_ Date:\_\_\_\_\_*

*Parent/Legal Guardian Name:\_\_\_\_\_*

*(under 16 year olds need signature of parent/guardian)*

**Contact Number - whilst your child is with TTS:**

**(THIS IS A MANDATORY REQUIREMENT)**

*TTS, the club, coaches and volunteer staff cannot be held responsible for any injury or harm that your child suffers as a result of the play, exercise, sport and competition that we encourage and carry out at the club. We will at all times act in the best interest and well-being of your child and our signing of this disclaimer acknowledges this fact and also agrees to us exercising our judgement in administering first aid to injuries.*

*\* Delete as appropriate*