



**CASTLEBAR TENNIS CLUB
 JUNIOR/JUVENILE MEMBERSHIP FORM
 PART 1**

2019

PLEASE RETURN COMPLETED FORM TO
 Membership Secretary, Castlebar Tennis Club, Knockacroghery, Lannagh Road, Castlebar, Co. Mayo

TEL: 094 90 23644

Email: membership@castlebartennis.ie

Website: www.castlebartennis.ie

PLEASE WRITE CLEARLY

Name of child/young person:			
Address:			
Date of Birth:		Gender:	
		Male :	Female:
Name of Parent / Carer:			
Day time Tel No Parent/Carer:		Mobile Tel No parent/carer:	
Email address Parent/Carer:			
Emergency contact information:			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:		

MEMBERSHIP CATEGORIES

Type of Membership Category	Definition of Membership Category	Amount Due	Tick
JUNIOR	Between ages 12-18 years of age	€80	
JUVENILE	Under 12 years of age	€50	
COUNTRY JUNIOR	Member of another tennis club affiliated to Tennis Ireland AND who live 16KM from Castlebar town boundary – Please state name of other club you're a member of _____	€50	

PAYMENT STRUCTURE -Junior / Juvenile Membership can be paid in two ways

- 1. Single payment option - One payment of €80 /€50 This covers membership for the full year**
 - 2. Instalment option - 3 x payments of €30/€20 This covers membership on a term per term basis.**
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SINGLE PAYMENT €_____ DATE PAID _____

INSTALLMENT PAYMENT 1st €_____ DATE PAID _____

2nd €_____ DATE PAID _____

3rd €_____ DATE PAID _____

MEMBERSHIP SUBSCRIPTION

Subscription includes Tennis Ireland Affiliation Fees which is €8 for all members under 18 years of age. Membership subscriptions are due on an annual basis.

INVOLVEMENT IN CLUB ACTIVITIES

Castlebar Tennis Club required the voluntary help and commitment from Members and Parents of Juniors / Juveniles in order to maintain the ongoing success of the Club. **Please tick which areas (minimum of one) where you will as parents of Junior/Juvenile member help out in the Club during the course of the year. We thank you in advance for your support of the Club.**

Fund Raising Activities		Bar Rota (training provided)		Social Activities	
Tea / Coffee – Kitchen rota		Supervision of Junior Events		Marketing	
Preparation of food for Events		Transport Assistance (Juniors)		Other	

DISCLAIMER

Castlebar Tennis Club, its Officers or Trustees cannot accept any responsibility or liability for damage, accidents or injury to either property or individuals incurred on Club premises or grounds. All persons on site are required to comply with the rules of the Club and adhere to safe practices at all times when on Club property. Children (under 18 years of age) cannot be left unsupervised at any time on Club premises or grounds and parents/guardians are responsible for ensuring that their children are not left unattended on Club premises/grounds AND parent/guardians are vicariously liable for the behaviour of their children. Inappropriate behaviour can result in membership being revoked.

PART 2

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

<i>NAME OF CHILD :</i>		
<i>Medical information:</i>		
Name and address of GP:		Contact Number:
Any specific medical conditions requiring medical treatment?	Yes: Please give details:	No:
Details of medication required (pain/inhaler):		
Any specific diagnosed medical condition or disability?	Yes: Please give details:	No:
Any allergies?	Yes: Please give details	No:
Does your child carry an EpiPen for severe allergies?	Yes: Please give details	No:
Details of any dietary requirements or food intolerances (Vegan/vegetarian, gluten intolerant etc):	Yes: Please give details:	No:
Consent information: <i>please tick the box below</i>		
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the organization/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. This includes if necessary, emergency medical intervention if the child is at an event with the club and becomes ill, requiring a visit to an Accident and Emergency department.		

SIGNATURE OF CONSENT

Consent information: *please tick the boxes below*

- I confirm that I have read, or been made aware of, Castlebar Tennis Club's policies concerning:**
- Codes for conduct for parents, coaches, children & young people
- Transport policy
- Changing room policy
- Photography, videoing, texting and use of social media policies
- I Confirm that I have completed Part 2 of the membership form – Medical Information

- I can confirm that my child is aware of the code of conduct for children and anti-bullying policy when attending Club events and/or being on Club premises.

Signature of child/young person if over 8 years:

Print name child/young person:

Date:

Signature of parent / carer:

Print name parent / carer:

Date:

FOR OFFICE USE ONLY

Date	
Amount	
Payment Method	
Receipt No.	
Part 2 completed	
Consent ticked and Signed	