

Junior Membership Form

Title:	First Name:	Surname:			
Address:					
		Postcode:			
Contact Num	nber:	DOB:			
Email:					
Parent/ Guardian	Name:	No:			
Emergency Contact	Name:	No:			
	P TYPE - Please Tick arent/child memberships - pl	ease fill out 1 form per mem	nber)		
Mini Ra	cquets 8U				
Junior R	acquets 11U				
Teen Racquets 18U					
Mini Racquets 8U (Plus Parent)					
Junior R	acquets 11U (Plus Parent)				
Racque	ts Family				

RECEPTION USE

Received by	Date	Card Amount	DD Amount	eBooking Entry	Welcome Email	Key Fob

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Your child's personal data will be processed by the Club in accordance with current data protection legislation, for the purposes of the Club and membership administration and also to update you/your child about facilitate your participation in Club activities.

Your child's privacy is important to us and we will always keep your details secure and never use them for marketing purposes that you have not agreed to receive. Further details are available in our privacy policy which can be found at https://thewealdclub.com/privacy-policy

To comply with the relevant legislation, we need your permission to undertake certain activities.

Please read through the following statements and indicate whether or not you give your

consent:	strier or not y	ou give you
1. Consent to receive Weald email: we would like to send you/your child regular newsletters and informational including special promotions for members, notification of events and continuing special promotions for members.		
Please indicate if you wish to receive such emails	YES	NO
2. Consent for inclusion in the Club directory: Your child's information may be listed on notice boards (for box leagure 11, with your permission, it will be listed on the Club's court booking members and staff can access. 8U & 11U will not be included.		-
Please indicate if you give permission to be included	YES	NO
3. Consent for use of images: We occasionally use photographic images of Club activities, including and reporting purposes.	participants fo	or promotiono
Please indicate if you give permission for the of images	YES	NO
4. Consent to process medical information and share in an emerger If you have provided medical information for your child, then we nee this and to be able to share it in event of a medical emergency.	-	sion to proces.
Please indicate you consent to us sharing this data in an emergency	YES	NO
5. Consent to first aid and emergency treatment: Please indicate you give permission, for first aid and emergency medical treatment to be given to your child by qualified personnel	YES	NO
6. Consent to travelling in transport organised by the Club: Please indicate that you consent to your child travelling by public/ contracted/private transport organised by the Club if necessary	YES	NO
7. Consent to participating in Club activities: Please indicate if you consent to your child participating in any Club activity provided	YES	NO

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The Club only provides supervision during organised activity sessions, which includes all group and individual coach led sessions and any sports camps.

By signing this form:

- I understand that the Club's responsibility commences at the time my child's organised activity commences and ceases at the time my child's organised activity ceases.
- I am aware that it is my responsibility to arrive on time for both delivering and collecting my child from Club activities.
- I am aware that the Club may at times display contact numbers in order for members to contact each other for Club related activities (not the eBooking system/Club directory).
- I have read and fully understood the information contained in this form and have provided any additional information that I consider relevant below. I understand to immediately inform the Club writing of any changes to the information provided on this document.
- I agree that my child will abide by the Club rules which can be found here https://thewealdclub.com/club-rules/
- I have read, understood and agreed to the Club's privacy policy https://thewealdclub.com/privacy-policy/

Parent/Guardian (print name)		
Signature	Date	