

# FOS | LTC.

Frinton-On-Sea  
 Lawn Tennis Club  
 36 Holland Road  
 Frinton-on-Sea Essex,  
 CO13 9ES  
 01255 674055  
 enquiries@fosltc.com  
 www.fosltc.com

## Membership Application Form

Surname			
Name			
Date of Birth		Gender	Male/Female (delete as appropriate)
Membership Category <small>(please tick appropriate category)</small>	Adult	Young Adult (17-25)	
	Junior (10-16)	Mini (5-9)	
Address			
Telephone (home)			
Telephone (mobile)			
Email address			
Occupation			
Please tick to join British Tennis			
Activities required <small>(please tick activity required)</small>	AAA	Tennis	Squash/Racketball
	Squash & Gym	Social Adult	Social Junior
	Gym (Unlimited Classes)	Gym (No Classes)	

Date ..... Signature

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Swimming is included in all membership categories.

Membership: is on an annual basis you are able to pay monthly by direct debit this is however an annual contract if you need to cancel your direct debit the full balance for the year is payable immediately



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5 Holland Road, Frinton-On-Sea, Essex, CO13 9ES



# Consent Notification

Occasionally, Frinton-On-Sea Lawn Tennis Club may use your details to:

- Send you information about our offers and offers from carefully selected third parties by post/email/SMS. Please tick this box if you wish to hear about these offers.
- Please Opt In if you would like to receive Newsletters from the club direct to your email address.
- Please Opt In if you would like to give us permission to use photographs of you on our website or Facebook page.
- Please Opt In if you would like to give us permission to send photographs and articles containing your name to our local press contact, via our Press Officer, in respect of club matches and events.

Please sign and date below.

**Signature .....** **Print**

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## Parents/Guardians

Please complete the form below if the person applying for membership is under the age of 16. These contact details will be used in case of emergency.

Name		
Relationship to child		
Contact numbers	Mobile	
	Home	
	Work	
Address		
Email address		
Describe any special care needs, dietary requirements, allergies or medical conditions:		

**Parent/guardian declaration (essential if applicant is under 16 years of age)**

By signing and returning this form, I agree to ..... (child's name) taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents.

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. I understand that I must inform the club of any changes to the information provided on this form.

**Date ..... Signature**

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