



Ampara District Tennis Club Membership Application Form

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 you.

Type of Membership applied for:

Child (Under 18)

Fee:

Personal Information of the Child			
Name with Initials			
Address			
Date of birth	Day <input type="text"/> <input type="text"/>	Month <input type="text"/> <input type="text"/>	Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact number(s)			
Email			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
School			

Personal Information – parent / carer	
Name	
Contact number(s)	
Email	

Emergency Contact Information			
Name of alternative adult to contact in an emergency		Relationship to child	
Contact number(s) of alternative adult			

Medical Information of the Child		
Are there any specific medical conditions requiring medical treatment?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>
Do you have any allergies?	No <input type="checkbox"/>	Yes – please give details <input type="checkbox"/>

Declaration of Consent – Parent / Carer	
<input type="checkbox"/> I confirm that my child is aware of the Ampara District Tennis Club code of conduct for children.	
Signature	
Today's date	