



# 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:

Adult

Fee:

Personal Information			
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"/>	
Occupation			
NIC Number			

Medical information		
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"/>

I confirm my registration	
Signature	
Today's date	