St Anne's Waterford Tennis Club John's Hill Waterford X91 KO94

P: 051-874350 **M**: 086 855 5706

E: <u>info@stannestennis.com</u>

JUNIOR MEMBERSHIP APPLICATION

| | | | DATE | |
|---|--|---|---|--|
| PERSONAL INFORM | IATION | | | |
| FULL NAME OF APPLICANT | | | | |
| FULL NAME OF PARENT | | | | |
| DATE OF BIRTH (JUNIORS) | | | | |
| PHOTOGRAPHIC & VIDEO CON I consent to the above-mentione applications which may be used | d child(ren) being included | d in any photographic or video ma nenting and highlighting their inv | aterial, in any pul volvement in ten | olications/websites/social network nis. |
| Please, include any medical details th | at might be relevant in dea | aling with your child in a safe ma | nner, such as: al | lergies, medication, special needs. |
| The details you provide on this form | illing lists to be informed of cun n will be used and stored by t ith Data Protection Act and w | vill not be shared with any other bod | oses of your partici | i. pation in all tennis related activity. You vithout your consent unless such sharing |
| ADDRESS | | | | |
| TOWN | | | | |
| EIR CODE | | | | |
| PHONE | | | | |
| EMAIL | (If more than one, please include | e with comma) | | |
| In line with Tennis Ireland Child Prot confirm that they have read/will rea see our website. Please, sign your a I/We the above named hereby agre regulations of St Anne's Waterford T Protectionand Good Practice guidelin I/We hereby apply to St Anne's Waterdory) | d the "Code of Ethics and cceptance below and return e to abide by the rules an ennis Club and in particulates. Perford Tennis Club for (st.) | Good Practice for Children's Sporn with your membership remitted at the Child | ort in Ireland". A | |
| Please note that this application doe | | ship. | | |
| APPLICANT SIGNATURE: | | | | |
| PARENT SIGNATURE: | | | | |