

Ravens Lawn Tennis Club
Friary Road, London, N12 9PD



APPLICATION FROM APRIL 09 to APRIL 10

Please complete and return to the address at the bottom of the page. Thank you.

Member's Name(s) (please print)		Date of birth:	
Gender	Male / Female (delete as appropriate)		
Address			
Contact numbers:	Home		
	Mobile		
Email address			

Please provide details of a person that we can contact in case of an emergency. For children this must be a parent/guardian:

Name (please print)			
Relationship to child			
Contact numbers:	Mobile		
	Home		
	Work		
Address			
Email address	(PLEASE PRINT YOUR DETAILS)		

Please circle "Type of Membership", complete "Number Required" box and "Total" box, below.

A discount of £10 applies for 3 or more siblings

Type of Membership

Number Required

- Adults over 18 £170
- 60+ £95
- Couples £300
- Family (2 Adults and children U18 or in full time education) £335
- Juniors Aged 10-18 (or in FTE) £28
- Juniors Aged under 10 £18

TOTAL : ^{* Please circle} **Cheque/ Cash/ Standing Order**

Membership Secretary: Lynne Beckwith, 145 Mayfield Avenue, London, N12 9HY.
M: 07766 573 560 E: lynne@ravenstennisclub.co.uk

PLEASE COMPLETE OVERLEAF AND SIGN THE FORM

Introduction section: To be completed by New members only .

Introduced to the Club by: * ^{Please circle} Flyer delivered /Website/ Friend / Coach / Club Notice Board

Name of introducer (if applicable): _____

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

In signing this form you consent to you or your child receiving emergency first aid treatment, if required.

Member's signature:

Signed:..... Date.....

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

By signing and returning this form, I agree to the above mentioned child 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.

Signed:.....Date:.....

Name:.....

LTA Child Protection

T: 0208 487 7008/7116

M (24 hour): 07971 141 024

E: childprotection@lta.org.uk

www.LTA.org.uk/childprotection

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