

Sundridge Park Lawn Tennis and Squash Rackets Club  
Lawn Close, Garden Road, Bromley, Kent BR1 3NA  
Web: [www.spltsrc.co.uk](http://www.spltsrc.co.uk)  
Email: [sundridgepark@tiscali.co.uk](mailto:sundridgepark@tiscali.co.uk)  
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## Membership Application Form (JUNIOR)

Aged 18 and under on 1st April 2009

Membership No:  
*For Office Use*

Card No:  
*For Office Use*

First Name:  Last Name:

Title:  Initials:  Nickname:

Address:

Postcode:

Phone Home:  Mobile:

Email Address:

*Demographic information only* Date of Birth:  Sex:

*Your Membership* Please enter the type of membership you would like eg JB (Junior B)  
Membership Type Code:  Membership Type:

*Tennis* British Tennis /LTA Membership No:   
Playing Standard:  County Player  Club Player  Improver  Beginner  Please circle  
LTA Rating:

*Squash* England Squash Membership No:   
Playing Standard:  County Player  Club Player  Intermediate  Novice  Beginner  Please circle

*Coaching*  
I am interested in coaching for tennis/squash;  
please send me details.  
Tennis YES/NO  Squash YES/NO  Please circle

*Team Play* I am interested in team play YES/NO  Please circle

How did you hear about the Club?

By signing below:

1. I apply for membership of SPLTSRC ("the Club")
2. I agree to abide by the rules of the Club.
3. I agree that you may use my personal data for future e-mailing, notification of events, and general correspondence regarding the Club. The information I provide must be kept confidential and be used only to support the Club's relationship with me.

PLEASE ALSO COMPLETE THE OTHER SIDE OF THIS FORM

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



## Junior Membership Application Form - Part 2

Emergency Contact Name  
and relationship to the  
junior member:

Phone Numbers  
(including  
mobile):

### TENNIS/SQUASH COMPETITIONS

I would like to take part in the following

- |                                       |        |
|---------------------------------------|--------|
| - internal Club knock out competition | YES/NO |
| - teams for my age/playing experience | YES/NO |
| - fun tournaments run by the Club     | YES/NO |
- Please circle

ANY MEDICAL CONDITIONS, SPECIAL NEEDS, DIETARY RESTRICTIONS  
OR MEDICAL TREATMENT that the Club may need to be aware of  
None/The following:

MY PARENT HAS SIGNED THE SAFETY CONSENT BELOW (this is compulsory for all junior members - under 18 years old)

My Parent  would/would not be willing to help with one Junior event.  
Please circle

### PARENTAL CONSENT

Where coaching sessions, or open practice sessions, are provided by the Club and supervised by members of the Club on a voluntary basis, all reasonable steps will be taken to ensure the safety of the junior members attending. However, sport is not a risk-free exercise. Junior members and their parents must be aware that accidents can happen and that they must therefore take appropriate steps to ensure their own safety. The Club recommends that all junior members, and their parents, adopt the relevant Governing Body safety guidelines for their sport, the most important of which are summarised below for your convenience. Please read these carefully and then sign this consent form.

Name of Child

Name of Parent/Guardian signing this Consent Form

I agree to my child taking part in the activities of the Club which are suitable for junior members. I confirm that any relevant medical conditions and appropriate treatment are declared on this form. I agree to let the Club know (in writing) if there are any changes to the information on this form.

I consent to my child travelling by any form of public transport, minibus or motor vehicle driven by a member of the Club, any resident coach at the Club, and/or any other parent attending, to any match or event in which they are participating as one of the members of a team entered on behalf of the Club.

I understand that the Club, and the Club members who may be involved in organising or supervising matches, coaching sessions or open practice sessions, accept no responsibility for loss, damage or injury caused by or during any such matches or other sessions, except where such loss, damage or injury results directly from the negligence of the Club or such Club members.

Signed

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Parent/Guardian

Date

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### SQUASH SAFETY GUIDELINES (England Squash)

Eye protection (BS 7930 - 1:1998) must be worn in all SRA sanctioned events; all county events; all county, regional and national training squads (both practice sessions and matches) and all doubles matches. No parental consent will permit departure from this rule. Wearing eye protection is strongly recommended for all other play.

Footwear should be suitable for indoor racquet sports (ordinary multipurpose trainers may have too much grip and place more stress on joints during swift turning movements than is advisable)

### TENNIS SAFETY GUIDELINES (Lawn Tennis Association)

Suitable tennis footwear, with appropriate ankle support, should be worn.