	U18 JUNIOR / INTER MEMBE	ERSHIP FORM 2022 To be completed annual	y SRADSHAN
Name	Name	Name	TAINIC
D.O.B//	D.O.B//	D.O.B/	
Age on 1 st April '22_	_ Age on 1 st April ′22	Age on 1 st April ′22	
School	School	School	
BTM no	BTM no	BTM no	
Junior/Intermediate (please circle) Junior/Intermediate (please circle) Junior/Intermediate (please circle)
Name of Parents/Gua	rdians		
Address		Postcode	
Email address of pare	nt (please print clearly)		
Emergency contact na	ames and numbers including at least	one landline number, if available	
1. Name	Tel nos	·	
2. Name	Tel nos		
provided, do you give p	nformation. In an emergency, should permission for us to seek professional the club need to be aware of. Please u	·	ı have Please list any
Name	Name	 Name	
Condition:	Condition:	Condition:	
Name of Doctor		Tel no	
Address		Postsodo	
	Publicity & Social Media Consent		
I am the Parent/Guardi	an of this child(ren) and I consent to p	hotographs being used for publicity by the tennis	club on
w	Yebsite Yes/No Facebook Yes/No	Twitter Yes /No (delete as appropriate)	
	hs being used for publicity in the local ideo in coaching sessions to help learr	•	1
responsible adult, I und	ity for my child(ren) whilst they are a n	nember and using facilities at Bradshaw Tennis Clu children under 13 should be supervised by parent thing or tennis camps.	
in club activities. The da	- · · · · · · · · · · · · · · · · · · ·	or the purposes of administering the club and you accordance with Bradshaw Tennis Club's Privacy Po	
i .	omitting this form I am consenting to n		mcy. I