



CASTLEBAR TENNIS CLUB MEMBERSHIP FORM

2019

PLEASE RETURN COMPLETED FORM TO
Secretary, Castlebar Tennis Club, Knockacroghery, Lannagh Road, Castlebar, Co. Mayo

TEL: 094 90 23644 **Email:** membership@castlebartennis.ie **Website:** www.castlebartennis.ie

We would like to renew our membership of Castlebar Tennis Club and we attach the appropriate subscription fees. We agree to be governed by the rules and regulations of the Club for the time being in force and any which may hereafter be issued. We agree that membership will entail provision of such assistance at the Club as may be required by the Club Committee from time to time.

PLEASE WRITE CLEARLY

1st Adult :	2nd Adult:
First Name :	First Name:
Surname :	Surname:
Address:	
Contact No:	Contact No:
Email :	Email:
Tennis Ireland PIN (If Known):	Tennis Ireland PIN (If Known):

**First name, gender and date of birth of all Juniors (12 – 18 Yrs)/ Juveniles (Under 12 Yrs)
covered by this Membership Application Form**

	<i>First Name</i>	<i>M/ F</i>	<i>Date of Birth</i>		<i>First Name</i>	<i>M/ F</i>	<i>Date of Birth</i>
1				4			
2				5			
3				6			

PLEASE COMPLETE PART 2 OF THIS FORM – ONE FOR EACH CHILD COVERED BY FAMILY MEMBERSHIP

<i>Emergency contact information in relation to Children:</i>			
Name of alternative adult who can be contacted in an emergency:		Relationship to child/young person:	
Day time Tel No alternative adult:		Mobile Tel No alternative adult:	
Please confirm if there any activities that your child can not participate in?	Please give details:		

MEMBERSHIP SUBSCRIPTION

Subscription includes Tennis Ireland Affiliation Fees which is **€14** per adult , and **€8** per member u.18 years of age . Membership subscriptions are due on an annual basis.

MEMBERSHIP CATEGORIES

Type of Membership	Definition of Membership Category	Amount Due	Tick
ADULT	Adult over 25 years of age	€295	
NEW ADULT	Adult over 25 years of age <i>FIRST TIME MEMBER OF THE CLUB</i>	€100	
COUNTRY ADULT	MUST be a Member of another tennis club affiliated to Tennis Ireland AND live 16KM from Castlebar town boundary <i>Please state name of other Club</i> <input style="width: 200px; height: 20px;" type="text"/>	€195	
YOUNG ADULT	Young Adults aged 18 to 25	€100.	
REG. UNEMPLOYED	Applicable for one year only	€140	
PAVILION	Use of Club Facilities only	€40	
TEMPORARY ADULT	Available on a monthly basis for Adults	€50 pm	
FAMILY	Parents / Guardians & their children who are in full time education or 3 rd level (ID required for 3 rd level)	€395	
NEW FAMILY	Parents / Guardians & their children who are in full time education or 3 rd level (ID required for 3 rd level) <i>FIRST TIME MEMBERS OF THE CLUB</i>	€150	
COUNTRY FAMILY	MUST be a Member of another tennis club affiliated to Tennis Ireland AND live 16KM from Castlebar town boundary <i>Please state name of other Club</i> <input style="width: 200px; height: 20px;" type="text"/>	€270	
TEMPORARY FAMILY	Available on a monthly basis for Families.	€75 pm	

INVOLVEMENT IN CLUB ACTIVITIES

Castlebar Tennis Club requires the voluntary help and commitment from Members in order to maintain the ongoing success of the Club. Please tick which areas (minimum of one) where you would like to help out in the Club during the course of the year. We thank you in advance for your support.

Fund Raising Activities		Bar Rota (training provided)		Social Activities	
Tea / Coffee – Kitchen rota		Supervision of Junior Events		Marketing	
Preparation of food for Events		Transport Assistance (Juniors)		Other	

DISCLAIMER

Castlebar Tennis Club, its Officers or Trustees cannot accept any responsibility or liability for damage, accidents or injury to either property or individuals incurred on Club premises or grounds. All persons on site are required to comply with the rules of the Club and adhere to safe practices at all times when on Club property.

SIGNATURE OF CONSENT

I have read and agree to abide by the rules of Castlebar Tennis Club and declare the above particulars to be true and correct.

Signature of Applicant _____
(Adult / Adult on behalf of Family)

Date _____

2019 SUBSCRIPTION – *Please indicate amount paid and method of payment*

TOTAL DUE : € _____

CASH

CHEQUE

STANDING ORDER

PART 2- FAMILY MEMBERSHIP – DETAILS OF CHILDREN

TO BE COMPLETED IN RESPECT OF EACH CHILD COVERED BY FAMILY MEMBERSHIP

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 your child.

Name and address of GP						
<i>Medical information:</i>						
	Child 1		Child 2		Child 3	
Name of Children						
Any specific medical conditions requiring medical treatment?	YES	If yes give details	YES	If yes give details	YES	If yes give details
Details of medication required (pain/inhaler):						
Any specific diagnosed medical condition or disability?	YES	If yes give details	YES	If yes give details	YES	If yes give details
Any allergies?	YES	If yes give details	YES	If yes give details	YES	If yes give details
Does your child carry an EpiPen for severe allergies?	YES	If yes give details	YES	If yes give details	YES	If yes give details
Details of any dietary requirements or food intolerances (vegan/vegetarian, gluten intolerant etc):	YES	If yes give details	YES	If yes give details	YES	If yes give details
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. This includes if necessary, emergency medical intervention if the child is at an event with the club and becomes ill, requiring a visit to an Accident and Emergency department.						

SIGNATURE OF CONSENT

Consent information: *please tick the boxes below*

- I confirm that I have read, or been made aware of, Castlebar Tennis Club's policies concerning:**
- Codes for conduct for parents, coaches, children & young people
- Transport policy
- Changing room policy
- Photography, videoing, texting and use of social media policies
- I Confirm that I have completed Part 2 of the membership form – Medical Information

- I can confirm that my child is aware of the code of conduct for children and anti-bullying policy.

Signature of child/young person if over 8 years:

Child 1 _____

Child 2 _____

Child 3 _____

Print name child/young person:

Child 1 _____

Child 2 _____

Child 3 _____

Date:

Signature of parent / carer:

Print name parent / carer:

Date:

FOR OFFICE USE ONLY

Date	
Amount	
Payment Method	
Receipt No.	
Initial.	

Please note if paying by standing order, a Bank Mandate Form must be completed and returned with Membership Renewal Form .Final payment by standing order must be completed before the 30th November 2019.