Welcome to the Pocklington Tennis Academy Junior Course. For us   
to meet Club membership requirements, please fill in all sections below.

|  |  |
| --- | --- |
| **Child’s Name** |  |
| **Child’s DOB** |  |
| **Parent/Guardian Name** |  |
| **Email Address** |  |
| **Emergency Contact Number** |  |
| **Child’s Medical Info** Please note that it is the parent’s responsibility to advise the Club of any changes to medical information |  |

I give consent for photos of my child taken at the sessions to be used in Pocklington Tennis Club promotional material (including website & social media) – please circle YES NO

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

By signing and returning this form, I agree to the child named above taking part in the general activities of the Club. They have agreed to follow the rules of the Club.

To my knowledge, they have no special care needs, dietary requirements, allergies or medical conditions that could affect their 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.

|  |  |  |
| --- | --- | --- |
| **Parent / Guardian’s name** | **Parent / Guardian’s signature** | **Date** |
|  |  |  |

Please return completed form either to Sean Evans or  
Pocklington Tennis Club Junior Co-ordinator, Dianne Hepworth  
Fairfield, The Mile, Pocklington, York YO42 1TW

Please refer to the Club’s website for the relevant privacy notice. <https://pocklingtontennis.com/privacy-statement/>