

MITCHELSTOWN TENNIS CLUB - MEMBERSHIP 2019

MEMBERSHIP CATEGORY	DESCRIPTION	TOTAL <i>inc Tennis Ireland Fee*</i>	MONTHLY STANDING ORDER
FAMILY	Max two parents/guardians with children up to 18 years living together as a unit	€ 180	€ 15.00
ADULT & CHILD	One parent/guardian with one child under 12 years of age	€ 140	€ 12.00
ADULT SINGLE	Over 18 years of age in full/part-time employment and not in full-time education	€ 115	€ 10.00
JUVENILE -12	Under 12 years	€ 30	€ 2.50
JUVENILE +12	12 years old or older, but under 18 years old	€ 50	€ 4.25
STUDENT	18 years of age or older, in third level full-time education of equivalent	€ 50	€ 4.25
OAP/Unemployed	65 years of age or older. Or, unemployed and at least 18 years of age	€ 85	€ 7.25
COUNTRY	Adults affiliated with a different club living at least 50km from Mitchelstown	€ 50	€ 4.25
PAVILION	Access to club house as non-playing member and attendance at club social functions	€ 30	€ 2.50
*Tennis Ireland Capitation Fees are collected as follows - Family/Adult & Child: €35, Adult: €14, Juvenile/Student: €8		<i>Tick as appropriate</i>	

Annual Membership is from 01st April 2019 to 31st March 2020.
All 2019 memberships expire on 31st March 2020 with renewals due upon that date.
Members must abide by the club rules & constitution - available on our website & notice board.

Bank Account Details			
Payee Name	Mitchelstown Lawn Tennis Club	IBAN	IE69AIBK93616218342021
Bank	AIB, New Square, Mitchelstown	BIC	AIBKIE2DXXX
Please Use your name & membership type as narrative eg.... J Bloggs Adult or J+J Bloggs and Family			

By signing this Membership Application Form, I confirm that I agree to abide by the Code of Ethics & Good Practice for Children's Sport as adopted into our Club Constitution.

CONTACT DETAILS

(Juvenile Members)
PARENT/GUARDIAN

NAME: _____

ADDRESS: _____

EMAIL: _____ MOBILE PHONE: _____

Please don't send me text messages about Junior Tennis *Please don't send me text messages about Adult Tennis*

PLEASE COMPLETE FOR "FAMILY" OR "ADULT & CHILD" MEMBERSHIP ONLY (see definitions above)

NAMES:	ADULT 1 _____	ADULT 2 _____
CHILD:	1 _____	Date of Birth _____
	2 _____	Date of Birth _____
	3 _____	Date of Birth _____
	4 _____	Date of Birth _____

Please return the completed form along with the correct fee made payable to Mitchelstown Lawn Tennis Club to:

Mitchelstown Tennis Club, Georges Street, Mitchelstown, Co Cork, P67 YV66
2Shoes, C/O Liam Kent, Upper Cork Street, Mitchelstown, Co. Cork.
 email: mitchelstowntennisclub@gmail.com Phone: 083 058 3923

OFFICIAL USE ONLY
MITCHELSTOWN LAWN TENNIS CLUB - RECEIPT OF MEMBERSHIP & LOTTO PAYMENT

Received the sum of € _____ [CASH / CHEQUE] or Monthly Standing Order in the amount of € _____

From: _____ Lotto Line #: _____

Family Adult Adult-Child Student Junior -12 Junior +12 OAP/Unemployed Country Pavilion

Signed: _____

MITCHELSTOWN LAWN TENNIS CLUB

MEDICAL CONSENT FORM

(to be completed by parent / guardian for all members under 18)

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

I give permission for my child to attend for training and playing sessions.

CHILDS FULL NAME:

HOME PHONE:

EMERGENCY PHONE:

IF UNAVAILABLE CONTACT:

PHONE:

RELATIONSHIP TO CHILD:

NAME G.P. :

PHONE:

CHILDS MEDICAL NUMBER:

Details Of Any Known Allergies, Conditions, Medication Being Taken:

Any Other Special Needs, Requirements Or Directions That Would Be Helpful For The Coaches To Know About:

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in & travel to all activities.

PARENT / GUARDIAN SIGNATURE:

PRINT NAME:

DATE:

PHOTOGRAPHIC & VIDEO CONSENT

A signed consent form is a condition of inclusion in photographic & video footage material for those under the age of 18 years.

I permit [above] to be included in any photographic or video material, in any publications/websites/social network applications which may be used for the purpose of documenting and highlighting their involvement in Mitchelstown Lawn Tennis Club and its associated events. A non-response is treated as acceptance for inclusion.

YES

NO

PARENT / GUARDIAN SIGNATURE:

PRINT NAME:

DATE: