

CAUSEWAY TENNIS & BOWLS CLUB

JUNIOR MEMBERSHIP APPLICATION FORM

FOB No: _____

Membership year runs from 1 April to 31 March

Contact: Causeway Tennis & Bowls Club: Walton Park, Abbesside, Dungarvan, Co Waterford, X35 XT38

E-mail: causewaytennisclub@gmail.com

Tel: 058 44210

W: www.causewaytennisclub.ie

Member/s:

Junior Member (1) Name: _____

Male / Female DOB: _____

Junior Member (2) Name: _____

Male / Female DOB: _____

Junior Member (3) Name: _____

Male / Female DOB: _____

Parental/Guardian Consent:

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

I understand that photographs will be taken during or at sport related events and may be used in the promotion of tennis, that they will be stored safely and used only for the agreed purposes. That only authorised persons will take such photographs. Further information available on request.

Note:

Members play Tennis at their own risk. The Club does NOT CARRY PERSONAL ACCIDENT INSURANCE for members injured whilst playing Tennis. It is the responsibility of each member to arrange their own Accident Insurance should they require it.

In line with Tennis Ireland Child Protection and Good Practice Guidelines, Causeway Tennis & Bowls Club requires all parents/guardians to confirm that they have read/will read the Code of Ethics and Good Practice for Children's Sport in Ireland.

Refer to: http://www.sportireland.ie/Participation/Code_of_Ethics/Code_of_Ethics_Manual/

Signature (Parent / Guardian): _____

Date: _____



Parent / Guardian Full Name: _____

Address: _____

Mobile (Parent 1 / Guardian 1): _____

E-mail (Parent 1 / Guardian 1): _____

If applicable:

Mobile (Parent 2 / Guardian 2): _____

E-mail (Parent 2 / Guardian 2): _____

Medical History Information (details of any known allergies, conditions, medications):

Membership Rate = €50 per junior (01/04/2024 – 31/03/2025)
(2024-2025)

FOB (if required) = €10

Methods of Payment:

1. On our website: <https://www.causewaytennisclub.ie/membership/>
2. EFT (Electronic Funds Transfer) into bank account

AIB – Dungarvan
Causeway Tennis and Bowls Club
Account No: 01805048
BIC: AIBKIE2D
IBAN: IE70 AIBK 9340 7001 8050 48

PLEASE use your name as reference for us to allocate your payment to your membership.

