

CAUSEWAY TENNIS & BOWLS CLUB

JUNIOR MEMBERSHIP APPLICATION FORM

FOB No: _____ Membership April 1 to March 31 (1 year) _____ - _____

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

E-mail: causewaytennisclub@gmail.com

Tel: 085 8443366

Website: 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 and that only authorised persons will take such photographs. Further information is available on request.

Note: Members play Tennis at their own risk. The Club does NOT PROVIDE PERSONAL ACCIDENT INSURANCE for members injured whilst playing Tennis. It is the responsibility of each member to arrange their own Personal Accident Insurance.

Junior members must be supervised while on the court /on the premises and it is the responsibility of the parent/guardian to do so.

JUNIORS SHALL NOT BE ON THE COURTS NOR ON THE PREMISES AFTER 6.15pm.

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 the clubs safeguarding policies and procedures and The Safeguarding Guidance for Children and Young People in Tennis document <https://www.tennisireland.ie/wp-content/uploads/2023/09/Safeguarding-Guidance-for-Children-DIGITAL.pdf>



*Please note that the person signing the parent/guardian section must ensure they have parental responsibility for the child."

Parent / Guardian Signature: _____

I have read The Safeguarding Guidance for Children and Young People in Tennis and the clubs safeguarding policies and procedures.

Parent / Guardian Name (PRINT): _____

Address: _____

Mobile Number (Parent 1 / Guardian 1): _____

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

If applicable:

Mobile Number (Parent 2 / Guardian 2): _____

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

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

We enclose access to our Club Code of Conduct [here](#) and to our Basic Rule of Tennis and Tennis Etiquette [here](#) which you might discuss aspects of with your junior members.

Membership Rate = €52 per junior (April 1 to March 31 (1 Year only)

FOB (if required) = €10

Methods of Payment:

1. On our website: <https://www.causewaytennisclub.ie/membership-causeway-tennis-and-bowls-club/>
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.