 **Membership Form 2020/21 – All Categories**

Digital form for Membership renewals and New Member Applications

**Personal details** [can be used for individuals or up to 5 people from same family]

|  |  |  |  |
| --- | --- | --- | --- |
| Name 1 enter name | Category Select from list | Date of birth [Under 18s only] |  enter DOB |
| Name 2 enter name | Category Select from list | Date of birth [Under 18s only] |  enter DOB |
| Name 3 enter name | Category Select from list | Date of birth [Under 18s only] |  enter DOB |
| Name 4 enter name | Category Select from list | Date of birth [Under 18s only] |  enter DOB |
| Name 5 enter name | Category Select from list | Date of birth [Under 18s only] |  enter DOB |
| E-mail enter email 1 Email (if 2 adults) enter email 2[Please note: email is main method of communication used by Club)Postal Address (incl postcode) enter address Home Tel. (optional) enter home tel. Mobile enter mobile 1 Mobile (if 2 adults) enter mobile 2 |

Tick this box if you do NOT want your contact details to be shared with other members of the Club [ ]

*\*Family has child or children under 18 on* ***31/12/19*** *- please complete child consent form.*

 *\*\*Students are those aged 18+ in Full Time Education.)*

*\*\*\*Juniors are those within age limit on* ***31/12/19*** *– please complete consent form for all children.*

**Owing to restrictions of pandemic, this year’s Membership will run from 1stJuly 2020 to 31st March 2021**

**Photo ID MEMBERSHIP CARD** – **New Members** please email passport type photo(s) or selfie to clougheytennis@gmail.com for use in your photo ID card(s).

All family members will be issued with individual membership cards.

|  |  |  |
| --- | --- | --- |
| **Membership Category** | **Normal annual** **fee** | **Reduced fee** **From July 2020** **to March 2021** |
|  Full member [18+on 01/01/2020] 111111+18+31/12/19) | £100 | **£50** |
| Family (1 adult + Children)\* | £130 | **£65** |
| Family (2 adults + Children)\* | £200 | **£100** |
| Full Time Student\*\* | £80 | **£40** |
| Junior 14 – under 18\*\*\* | £50 | **£25** |
| Junior 10 – under 14\*\*\* | £30 | **£15** |
| Junior under 10\*\*\* | £10 | **£10** |

|  |
| --- |
| <<< Use table to calculate subscription |
| Total amount due | enter text. |
| Method of payment | Select from list |
| For Bank Transfer or S/O use the following:Club Bank details: Unity BankSort Code  60-83-01  A/C no: 20268602Also, ensure your reference includes your name. |

|  |
| --- |
| **Sign, save file, then email your completed form** to clougheytennis@gmail.com **and arrange payment online**.**[Standing Orders** should be over 5 months for 20% of fee. email lmontorio17@gmail.com to confirm set-up]**OR** Print completed form andpost with cheque (payable to Cloughey and District Tennis Club) to: *Paul Gregg, Membership Secretary, CDTC, 129 Shore Road, Kilclief, Strangford, BT30 7NP* |

**Signature:  Date:** click today’s date.

[to insert digital signature, click on shaded area and then select Insert tab/Pictures/select your signature, then adjust size]

If you do not have a digital signature, take a photo of your signature, and insert as picture. Or you can print, sign and scan the form.



**Privacy Notice**

**Cloughey & District Tennis Club is collecting this personal information from members for the following reasons:**

**a)** to ensure that the club member has paid annual fees

**b)** to enable the club to monitor club membership levels and share figures with UBTI (Governing Body) and this will be retained for 7 years

**c)** to highlight to members that member names and achievements may be contained in committee reports & AGM reports & Club noticeboard/e-zine/website/social media and these will be retained forever.

**d)** to advise that if members undertake an Access NI check through the Club their name, role and date of check will be added to the Club Access NI monitor for 3 years.

**e)** to advise members that personal information may be shared in a child safeguarding issue (to be retained for 7 years) or disciplinary issue (to be retained for 6 years from the end of the complaint) with relevant bodies including eg PSNI, NSPCC, UBTI.

**f)** to advise members if they put themselves forward for team selection their name, date of birth and results will be used for selection purposes by the Club Selection Committee and will be retained for 1 year.

**g)** to advise members that if selected for a league team, UTA squad and/or Ulster Team their name will be shared with the league, squad or team organisers

**h)** to advise members that name, results and/or key achievements, including photographs, may be included on the website to promote the Club

**i)** to inform members that personal information added will be on the Club website until 7 years after the website contract ends

**j)** to advise members that name, results and/or key achievements, including photographs, may be included in the club e-zine/Facebook/Twitter to promote the Club

**k)** to inform members that personal information on the e-zine, Facebook & Twitter will be retained forever

**l)** to inform members that the membership form will be retained by the Club for 7 years

**m)** advise members that Club Committee Post Holders and Safeguarding Officer names, telephone number and email address may be shared with UBTI in the annual Club Declaration Form and this will be retained for 7 years.

***IF YOU AGREE WITH THESE PLEASE SIGN & DATE THE FOLLOWING STATEMENT TO PROVIDE YOUR CONSENT:***

***"I agree that the information I have given on the membership form is accurate and I am content to provide information to the Club on the basis outlined above?"***

Member Name: Click or tap here to enter text.

Member Signature:  Date: Click or tap to enter a date.

[to insert digital signature, click on shaded area and then select Insert tab/Pictures/select your signature, then adjust size]

If you do not have a digital signature, take a photo of your signature, and insert as picture. Or you can print, sign and scan the form.

### CLOUGHEY TENNIS: CONSENT FORM FOR JUNIOR MEMBERS

*[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. This form can be used for up to 3 children from same family.]*

CHILD 1 FULL NAME: enter name Medical conditions, Allergies, etc [ ] Yes [ ]  No (see below)

CHILD 2 FULL NAME: enter name. Medical conditions, Allergies, etc [ ] Yes [ ] No (see below)

CHILD 3 FULL NAME: enter name. Medical conditions, Allergies, etc [ ] Yes [ ] No (see below)

EMERGENCY PHONE CONTACTS (1) enter number (2): enter number

IF UNAVAILABLE CONTACT: enter name. TEL: enter number. RELATIONSHIP TO CHILD: enter text

NAME AND TEL NO. OF G.P. : enter text.

DETAILS OF ANY KNOWN ALLERGIES, MEDICAL CONDITIONS, MEDICATION BEING TAKEN:

Enter text.

ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR COACHES TO KNOW ABOUT: enter text.

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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, phone numbers or email.

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 have been made aware that Cloughey & District Tennis Club has a Child Safeguarding Policy & they are committed to ensuring the safety of my child.

[Cloughey & District Tennis Club is committed to ensuring that any information gathered in relation to our junior programme meets the specific responsibilities as set out in the General Data Protection Regulations 2018. The Membership Coordinator will store the above information on the club data base for maximum of 12 months before re-registering the player if still associated with the club. ]

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 activities.

**Photography**: Tick this box if you do **NOT** wish your child to be photographed taking part in tennis activities [ ]

Signature  Print name: enter text. Status: [ ] Parent [ ] Guardian Date enter today’s date

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

**Please return this form with your membership renewal**