



# SHOOTERS HILL LTC LTD

Lowood, Eaglesfield Road, London SE18 3DA

## JUNIOR MEMBERSHIP 2011-12

### Application Form

Under 8	£30
8, 9 & 10	£45
11 – 18 (Not Senior Standard)	£60

Completed forms return to: Mrs C S Ratcliffe 118 Earls Hall Road Eltham SE9 1PR

Membership Category:	Application Date:
Total paid:  <i>Please make cheques payable to SHLTC LTD</i>	Title:  First name:  Surname:  Date of birth:
Address:    Postcode:	Home phone:  Mobile phone:  Email address:
<p><b><u>Parents Please Note</u> Membership will not be considered without the return of this signed form.</b>  <b>This membership only applies to the child. Parents must be members, or pay visitor fees if they play with their child.</b></p>	
<p><b><u>SCHOOL YOUR CHILD ATTENDS :</u></b></p> <p>Please let us know if you would be willing to help with the running of the club. Any offers of help are greatly appreciated  Social / juniors / club evenings / match fixtures / competition organiser</p>	
<p>Are you disabled*? Please circle one      yes      no      prefer not to say</p> <p><small>*The Disability Discrimination Act (DDA) 1995 defines a disabled person as someone who has a physical or sensory impairment that has substantial or long term adverse effects on his or her ability to carry out day-to-day activities.</small></p>	

**By signing below I agree to: -**

- Become a member of SHLTC LTD
- Abide by the Rules and regulations of the club available to view in club house or on website.  
[www.shootershilllawnclub.co.uk](http://www.shootershilllawnclub.co.uk)

Signature: \_\_\_\_\_



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Signature of parent or guardian (if under 18) : \_\_\_\_\_

**Consent form – photography and filming** I give permission for my child

----- to be involved in any publicity (including photographs/TV footage/website) for promoting SHLTC LTD

Signed	Date	
Name (please print)		
Relationship to child		

Full details of parent/carer/guardian if additional or different from above:

Name (please print)		
Address and email		
Contact numbers	Mobile	
	Home Work	

### **Data Protection Statement**

By signing this form, you agree that the Club and the LTA and its national, county and island associations can use your personal data, including sensitive personal data, for membership purposes and to send you by post or email or SMS information related to those purposes. For further details please see [www.lta.org.uk/privacy](http://www.lta.org.uk/privacy). To help us raise funds for tennis, the LTA may also wish to do the following (please tick the appropriate the box if you **do not** want us to):

- a) send you information about LTA offers and about offers from carefully selected third parties by post/email/SMS
- b) pass your contact details to carefully selected third parties so that they can send you, by post, details of their products and services

### **EQUALITY AND DIVERSITY MONITORING**

The LTA and its affiliated clubs are committed to making tennis accessible to all. The questions below are designed to help us monitor the effectiveness of our Equality & Diversity Policy, and assist us in our progress towards identifying any barriers to diversity.

You do not have to answer any of the questions below, but the more information you supply the more effective our monitoring will be. All personal data supplied on this part of the form will be processed by the LTA and the Club in accordance with the Data Protection Act 1998 and used for monitoring purposes only.

**How would you describe your ethnic origin?** (Please circle one option)

**White** – White-English; White-Irish; White-Scottish; White-British; White-Welsh; other White background

**Mixed** – White & Black Caribbean; White & Black African; White & Asian; Mixed Background.

**Asian** – British-Indian; Indian; British-Pakistani; Pakistani; British-Bangladeshi; Bangladeshi.

**Black** – British-Caribbean; Caribbean; British-African; African.

**Chinese** – British-Chinese; Chinese.

**Other background** – other.



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