

# Yarm Tennis Club

## Junior Details & Consent Form

Dear Parents/Guardians

For the safety of your child, it is important that the club is informed of any medical conditions or allergies, and knows that you have given permission for them to be at the club in your absence. Information is treated confidentially and will only be used should your child fall ill or be involved in an accident while at the club.

This form will be retained, and held in confidence, by Anne Clayton - Club Coach / Junior Organiser.

Please also provide details of emergency contact numbers.

Please complete the form below (**one for each child**), and return it with the membership application form.

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I give permission for : .....(child's full name)      Date of birth: .....

to attend organised coaching events       to play tennis without adult supervision       (tick as appropriate)

Signed		Date:	
Name (please print)			
Relationship to child			
Address			
Contact numbers:	Home	Mobile	Work
Email address			

Further emergency contact details, if different from above:

Name (please print)			
Relationship to child			
Address			
Contact numbers:	Home	Mobile	Work
Email address			

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

**LTA Child Protection**  
**T: 0208 487 7008/7116**  
**M (24 hour): 07971 141 024**  
**E: [childprotection@lta.org.uk](mailto:childprotection@lta.org.uk)**  
**[www.LTA.org.uk/childprotection](http://www.LTA.org.uk/childprotection)**

