



Clontarf Parish Tennis Club

St. John's Church Parish Centre,
Seafield Road, Dublin 3



Junior Membership Form 1 April 2009 – 31 March 2010

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN (BLOCK LETTERS)

Childs Name: _____ Date of Birth: _____

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Childs Name: _____ Date of Birth: _____

Parent's/Guardian's Name/s: _____

Address: _____

Home Phone: _____ Other/Contact Phone: _____

I give permission to the above named child/children to become a member/members of Clontarf Parish Tennis Club on the day and times specified below and know of no medical reason why they should not do so (see below). It is my understanding that my specific consent will be sought for any additional activity outside of the above days and times.

Parent's/Guardian's Signature: _____ **Date:** _____

Please indicate below if the above child/children suffers from any medical condition (specifying any medication they may be taking) and/or has any special dietary requirements about which the leaders of Clontarf Parish Tennis Club should be informed.

If you are willing to give your consent to a leader to refer your child to a doctor in the event of an emergency, please sign below:

Parent's/Guardian's Signature: _____ **Date:** _____

Please return this form and cheque for junior subscription of €60, made out to Clontarf Parish Church L.T.C. to : Dorothy Godden, Membership Secretary, 133 St. Brigid's Grove, Killester, Dublin 5. Tel: 087 6549707

THIS SECTION TO BE COMPLETED BY TENNIS CLUB LEADER

Membership in Clontarf Parish Tennis Club starting on: _____

Leader's Name: _____ **Leaders Signature:** _____