

***CIYMS JUNIOR TENNIS***

**Junior Membership Form 2022-23**

We are very pleased to welcome you to **CIYMS JUNIOR TENNIS CLUB**

To ensure we have the correct contact details for you and your child/young person, please complete this form and return it to **CIYMS, 91 Circular Road, Belfast, BT4 2GD**.

NOTE: All those under 18 years of age, must ask their parent or carer to sign the form before it is returned.

We will also use this information to ensure that you and your child are kept informed about club events.

Dear Parent/Carer

Anything written on this form will be held in confidence. Our coaches/volunteers need to know these details in order to meet the specific needs of your child or young person.

|  |  |
| --- | --- |
| **Child/ Young Person’s Full Name:**  |   |
| **Address:**  |   |
|   |
|   |
| **Home Tel No:**  |   |
| **Age:**  |   | **Date of Birth:**  |   |
| **Gender:**  |  Male Female  |
| **Contact email address**  |  |
| **Emergency contact name:**  |  |
| **Emergency Tel No**  | **Home:**  |
| **Mobile:**  |
| **If unavailable contact**  | **Name:**  |
| **Tel:**  |
| **Relationship to child:**  |
| **GP/Doctor’s Name:**  |   |
| **GP/Doctor’s Tel No:**  |   |

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| --- | --- |
| **Details of any known special** **dietary** **requirement/allergies/medical conditions**  |     |
| **Any other special needs, requirements or directions that would be helpful for the** **coaches to know about**  |   |

# PARENT/CARER STATEMENT

I will inform the coaches/designated safeguarding children officer of any important changes to my child’s health, medication or needs and also of any changes to our address, email address or phone numbers given. In the event of illness, having parental responsibility for the above named child, 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 should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

CIYMS Tennis Club **have developed a Safeguarding policy and it is committed to ensuring the safety of my child by having:**

* A Code of Conduct for coaches, volunteers, parents and players
* Clear Recruitment Policy which includes vetting all coaches and volunteers
* A Transportation Policy
* A Photography Policy
* An Anti-Bullying Policy
* Disciplinary Procedures
* Designated Safeguarding Children Officers
* Guidelines on Confidentiality and Data Protection

These policies are available on our website **www.ciymstennisclub.org**

CIYMS Tennis Club is committed to ensuring that any information gathered in relation to our youth teams meets the specific responsibilities as set out in the Data Protection Act 1998.

CIYMS Tennis Club will store the above information on their junior section register for a maximum of 12 months before re-registering the child/young person 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 and travel to all activities. By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the club.

I understand that I will be kept informed of these activities – for example timing and transport details.

I understand in the event of injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

##  Signature of Child/ Young Person (if over 12) Date

##  Signature of Parent/Guardian Date

**Print Name Parent/Guardian**

**Note: Signing this form also means both parents and child/young person accept their respective code of conducts which can be found on the club website www.ciymstennisclub.org**

*(This consent form will remain valid for one year*)

# PHOTOGRAPHIC CONSENT

**Note: CIYMS TENNIS CLUB** has a photographic and filming policy, available at CIYMS.

[**www.ciymstennisclub.**](http://www.ciymstennisclub.)**org**which covers all photography and filming related to tennis at

Name

I confirm that I have given consent for me and/or my child/children to be photographed and filmed and the pictures used for publication in any literature, brochures, adverts, websites or editorial selected by CIYMS Tennis for the sole purpose of information and publicising the club.

Name of child/children

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Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_