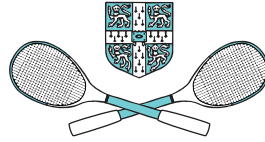


\* Required



Cambridge University Real Tennis Club

# Club Membership Form – Senior Members and Students

## Personal Information

Forename\* ..... Surname\* .....

Date of birth\* ..... Email\* .....

Home telephone\*

If your primary contact number is a mobile phone, please provide it here .....

Work telephone ..... Mobile telephone .....

UK Address\* .....

Postcode\* .....

College (if applicable)..... Do you currently hold T&RA membership?\* Y / N

## Emergency Contact Information

Name of contact\* .....

Relationship to you\* .....

Home telephone\*

If your primary contact number is a mobile phone, please provide it here .....

Email .....

Work telephone ..... Mobile telephone .....

UK Address\* .....

Postcode\* .....

## Medical information

Please give details of any relevant medical condition or other health or care needs that the Club should be aware of. (Players are responsible for assessing their own fitness to play, but this information is useful for the club in emergency situations, and for club professionals when providing coaching.)

.....

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances.

## Photography consent

The club may wish to use photography and recorded video from time to time for training, publicity, and journalistic purposes. If you would like to opt out of featuring in any photography, please tick the box below.

Opt-out

## Use of your data

Your data will be collected and processed in line with the club's Data Protection policy, and in line with our legal obligations under the Data Protection Act 1998. If you wish to opt out of having your data made available as described in our Data Protection policy, please tick the box below.

Opt-out from contact information appearing in Members Booklet and members-only section of website

## Policy agreement

As a condition of membership, the following policies must be read and agreed to:

- Code of Conduct - Members
- Members Booklet
- Communicating with Under 18s and Vulnerable Adults
- Complaints
- Disciplinary
- Equality
- Incident Reporting Pathway
- Photography of Under 18s and Vulnerable Adults
- Transporting Under 18s and Vulnerable Adults

Please tick 'agree' to confirm that you have read and agree to these policies.\*

Agree

## Medical Assistance

In the event of falling ill or having an accident on Club premises, I agree to receive first aid, emergency care, and/or to be taken to hospital.\*

Agree

Disagree

## Confirmation

To complete the membership form, please confirm the following:

Full name\* .....

Signature\* .....

Date\* .....