

## Dunstable Tennis Club Junior Contact/Medical Information 2013 - 2014

Please could you complete and return with membership renewal/application.

**Name of Junior/Mini Tennis member** \_\_\_\_\_

**Date of birth** \_\_\_\_\_

Home address	
Home Tel:	
Doctor's name	Doctor's Tel:
<b>Contact Details</b>	
Parent/guardian	Tel:  Mobile:  Mobile:
Other contact (in case of emergency)	Relationship to Junior member
Are there any medical conditions of which we need to be aware? *Yes/No	
If yes, please give details of condition and any other information we may need to know.	

\* Delete as appropriate

Information will be confidential and kept secure.