

Dunstable Tennis Club Junior Contact/Medical Information
2011/2012

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

Name of Junior member _____

Date of birth _____

Home address	
Home Tel:	
Doctor's name	Doctor's Tel:
Contact Details	
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.