

## Sandycove Tennis & Squash Club

## Junior Tennis/Squash Application Form

I wish to apply for Membership of Sandycove Tennis & Squash Club. Please state whether you are applying for Tennis or Squash (delete as applicable). If accepted I agree to be bound by the Rules of the Club.

|  |  |  |                  |             | • .1    |      |  |
|--|--|--|------------------|-------------|---------|------|--|
| Name:  |  |  | Date of Birth:   |             |         |      |  |
| Address:   |  |  | Но               | Home Phone: |         |      |  |
|  |  |  | Parent's Mobile: |             | Mobile: |      |  |
|  |  |  | Parent's Email:  |             | Email:  |      |  |
| Name of School:  |  |  | Class:           |             |         |      |  |
|  |  |  |                  |             |         |      |  |
| What is your standard of tennis/squash? Please tick a box below.       |  |  |                  |             |         |      |  |
| Beginner:  |  | Improver:  |                  |             | Advan   | ced: |  |
|  |  |  |                  |             |         |      |  |
| Have you received tennis/squash coaching? YES / NO                     |  |  |                  |             |         |      |  |
| If yes, state where and when:  |  |  |                  |             |         |      |  |
| Have you played on a school team?                                      |  |  |                  |             |         |      |  |
| If yes, state standard played:   |  |  |                  |             |         |      |  |
| Do you know any of the members of the club?                            |  |  |                  |             |         |      |  |
|  |  |  |                  |             |         |      |  |
| Proposer's Signature:  |  |  |                  |             |         |      |  |
| Applicant's Signature:   |  |  |                  |             |         |      |  |
| Parent's Signature:  |  |  |                  |             |         |      |  |
| For Parent's: Are you willing to help out with Junior events? YES / NO |  |  |                  |             |         |      |  |
|  |  |  |                  |             |         |      |  |
| Date of Application:   |  |  |                  |             |         |      |  |
|  |  |  |                  |             |         |      |  |
| Should your child be accepted as a member                              |  |  |                  |             |         |      |  |
| GDPR Compliance:   |  | I agree to the storage and handling of their data by Sandycove Tennis &  |                  |             |         |      |  |
| *Please tick box   |  | Squash Club for the purpose of running the club and to provide you with club services. Our Privacy Policy is on the website. |                  |             |         |      |  |
| Opt-In *Please tick box  |  | I agree to receive emails, texts and the like from the club.   |                  |             |         |      |  |
| Please return completed application to:                                |  |  |                  |             |         |      |  |
| Catherine McCooey, Club Administrator,                                 |  |  |                  |             |         |      |  |
| Sandycove Tennis & Squash Club,  |  |  |                  |             |         |      |  |
| Elton Park, Sandycove,   |  |  |                  |             |         |      |  |
| Co Dublin. A96 HX97  |  |  |                  |             |         |      |  |