

# MEMBERSHIP PACK

## 2020/2021 Season



**www.portadowntennisclub.com**  
 membership@portadowntennisclub.com  
 Edenvilla Park, Bachelors Walk, Portadown  
 In partnership with Craigavon Borough Council

## MEMBERSHIP FEES

### TO BE PAID THROUGH OUR WEBSITE

[www.portadowntennisclub.com/2018-19-membership-sign-up](http://www.portadowntennisclub.com/2018-19-membership-sign-up)

(1<sup>st</sup> May 2020 – 30<sup>th</sup> April 2021)

Membership Categories**		FULL Annual Subscription <small>Valid 1<sup>st</sup> May 2020 to 30<sup>th</sup> April 2021** Including Affiliation Fee*</small>	AUTUMN Annual Subscription <small>Valid 1<sup>st</sup> Oct. 2020 to 31<sup>st</sup> April 2021** Including Affiliation Fee*</small>
Adult		£172	£88
Cubs	Under 8 years on 1 <sup>st</sup> May 2020	£31	£21
Juvenile	8-14 years on 1 <sup>st</sup> May 2020	£62	£42
Junior	14-18 years on 1 <sup>st</sup> May 2020	£73	£52
Family	2 adults + 2 children or 1 adult + up to 4 children	£354	£208
Students	Over 18 and in full time education	£83	£52
Senior Citizens and Concessions	Over 65 yrs. and DHSS concessions	£88	£52
Off-Peak Membership	Limited Play: Monday-Friday – Mornings Only	£94	£52
Non-Playing		£20	£20

\* A compulsory fee levied by Tennis Ireland for players is included in the membership. The fee for each playing member is currently set at £14.00 for seniors and £7.00 for juniors and it does not apply to non-playing members.

\*\* Costs may be spread – Pay in 4 or 6 monthly instalments by standing order if family membership or if full annual costs exceed £150. Duration of payment not to exceed duration of membership. Standing order can be found at the end of this membership form and once completed must be returned to **your own bank**.

### Keys for Court Access & Floodlights

Members are responsible for the safekeeping of their key and for locking the complex and clubhouse after use. A deposit of £15.00 must be paid which is refundable when membership is terminated or not renewed and keys must be returned. Replacement keys will be charged at £20.00.

Members wishing to use the floodlights can purchase an access key for £5.

### Non Member's Play & Daytime Court Bookings

Non-members can play for £6.00 per person per session (1hour), £3.00 for under 18's. This is payable to court attendants or any other member of the club present at the time. Fees can be left in the letterbox inside the clubhouse also. Schools and companies wishing to book our courts should contact:

**membership@portadowntennisclub.com**

**OR**

**coach@portadowntennisclub.com**

**IF YOU HAVE ANY QUERIES REGARDING MEMBERSHIP OR COACHING  
 PLEASE CONTACT THE RELEVANT EMAIL ADDRESS ABOVE**

# MEMBERSHIP FORM



Please complete this form and email it back to:

**membership@portadowntennisclub.com**

**IMPORTANT NOTE: MEMBERSHIP WILL BE APPROVED WHEN FORMS WITH ALL NECESSARY DETAILS**

**& APPROVED PAYMENT IS RECEIVED. THAT MEANS PARTS 'A' TO 'C' OF THIS MEMBERSHIP FORM**

**WE THANK YOU IN ADVANCE.**

**ALL DETAILS ARE HELD IN THE STRICTEST OF CONFIDENCE AS SET OUT IN THE DATA PROTECTION ACT 1998.**

<b>First &amp; Surname</b>	Parent's or Guardian's Name if Player is under 18				
<b>Address</b>					
<b>Town, Postcode</b>					
<b>Email Address</b>					
<b>Mobile</b>			<b>Home Telephone</b>		
<b>First Name(s)</b>	<b>D.O.B</b>	<b>Medical Condition</b>	<b>Consent (see below)</b>	<b>Membership Category</b>	<b>Amount £</b>
		Yes/No	Yes/No		
		Yes/No	Yes/No		
		Yes/No	Yes/No		
		Yes/No	Yes/No		
		Yes/No	Yes/No		
				<b>Sub Total</b>	
				Deposit for Keys (Floodlight £5, Gate/Clubhouse £15)	
				I would like to make a Donation to the Club	
				<b>Total</b>	

Payment Type : ☐ PayPal / ☐ Cheque / ☐ Bank Transfer / ☐ Standing Order / ☐ Cash

**Consent:** I give permission for my child to be photographed and their photograph & name to be used in local press, PTC newsletter, website or FaceBook). Please indicate **YES / NO** in the table above.

## Emergency Contact

<b>Contact Name</b>	<b>Contact Mobile / Home Number</b>

## Medical Conditions or Special Requirements (Players under 18 only)

<b>First Name(s)</b>	<b>Medical Conditions</b>

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I agree to comply with the club's bye-laws and COVID-19 guidelines and protocols implemented.

If you are adding a child to your membership application, then please read and sign the next page.





## PARENT/GUARDIAN STATEMENT

I will inform the membership officer or designated safeguarding children officer of any important changes to my child's health, medication or needs and also of any changes to our 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 if my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**I have been made aware that *Portadown Tennis Club* has developed a Child Safeguarding policy, which is detailed in the Club's Bye-laws provided with your Membership:**

- A Coaches' and Parents' Code of Conduct
- Vetting of all Coaches and Volunteers
- A Transport Policy
- A Photography Policy
- An Anti-bullying Policy
- Disciplinary Procedures
- Designated Safeguarding Children Officers
- Guidelines on Confidentiality

Portadown Tennis Club is committed to ensuring that any information gathered meets the specific responsibilities as set out in the Data Protection Act 1998.

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.

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Signature Parent / Guardian

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Date

B



## Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with 'a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Do you have a disability? Yes ☐ No ☐

If yes, what is the nature of your disability?

## Sporting Information

Have you played **TENNIS** before? Yes ☐ No ☐

If yes, where have you played the sport

WE ALWAYS WELCOME NEW VOLUNTEERS IN OUR CLUB AND WE WOULD LOVE YOU TO HELP.

WITHOUT MEMBERS VOLUNTEERING TO THESE ROLES, WE WILL BE UNABLE TO KEEP THE CLUB UP TO THE STANDARDS OF MAINTENANCE AND GIVE BACK THE LEVELS OF ENJOYMENT YOU WOULD HOPE.

WE WOULD WELCOME YOUR ENTHUSIASM INTO OUR COMMITTEE AND TEAMS TO GUARANTEE OUR FUTURE AND HELP THE CLUB GROW.

Please indicate your area of interest:

- |  |  |
|--|--|
| <input type="checkbox"/> Membership Development    | <input type="checkbox"/> General Maintenance Issues              |
| <input type="checkbox"/> School Liaison            | <input type="checkbox"/> Club-Night Organisation                 |
| <input type="checkbox"/> Socials and Entertainment | <input type="checkbox"/> Advertising, Social Media, Website, etc |
| <input type="checkbox"/> Public Relations          | <input type="checkbox"/> Junior Tennis Development               |
| <input type="checkbox"/> Court Supervision         | <input type="checkbox"/> Finance                                 |
| <input type="checkbox"/> Fundraising               | <input type="checkbox"/> Child Safeguarding                      |

Other Areas of Interest or Expertise and Notes of previous Experience



# Standing Order Form



Please complete this form and post it to your bank. On completion email [membership@portadowntenniscub.com](mailto:membership@portadowntenniscub.com) to confirm submission of your standing order.

Thank you.

Detail of the account where payments will come from	
Account Name <input type="text"/>	Account Number <input type="text"/>
	Sort Code <input type="text"/>
Detail of account that payment will be sent to	
Account Name <input type="text"/>	Bank of Ireland, 43 High Street, Portadown
Your Reference (Name) <input type="text"/>	Account Number <input type="text"/>
	Sort Code <input type="text"/>
Payment Detail	
Monthly Amount <input type="text"/>	
Date of first Payment <input type="text"/>	
Number of Payments (circle payments) <input type="text"/> 4 or <input type="text"/> 6	
Total Amount <input type="text"/>	
Signature	
Signature <input type="text"/>	Signature (if joint account) <input type="text"/>
Date <input type="text"/>	Date <input type="text"/>