



CASTLEVIEW LTC MEMBERSHIP APPLICATION

MEMBERSHIP APPLICATION

Please fill in all required fields below. Your completed application will be put before the Management Committee of the club for approval at its next meeting.

You will be notified by email once your application has been accepted.

Required fields *

PERSONAL DETAILS *

Name: _____

Address: _____

Mobile: _____

Phone: _____

Email: _____

Add additional family members at the end of this form

Male Female *

MEMBERSHIP CATEGORIES *

- | | | | |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| 2 x Parent Family - €380 | <input type="checkbox"/> | 1 x Parent Family - €250 | <input type="checkbox"/> |
| Adult - €200 | <input type="checkbox"/> | OPA - €150 | <input type="checkbox"/> |
| Student (Full-time with ID) - €120 | <input type="checkbox"/> | Trial Membership - €75 | <input type="checkbox"/> |
| Junior (7-18 yrs) - €60 | <input type="checkbox"/> | Pavilion - €25 | <input type="checkbox"/> |
| Country Membership - €120 | <input type="checkbox"/> | | |

Name of club where you are currently a member:

LEVEL OF PLAY *

Beginner

Social

Competitive

LEAGUE TENNIS *

Are you willing to play league tennis for Castleview Lawn Tennis Club? *

Yes

No

Maybe

League experience (if applicable):

VOLUNTEERING *

Are you willing to help out with Castleview Lawn Tennis Club events? *

Yes

No

Maybe

CHILD SAFEGUARDING POLICY *

Castleview Lawn Tennis Club is committed to adhering to Tennis Ireland Child Safeguarding measures, and providing every protection for, and ensuring the safety of, children using our facilities.

The Child Safeguarding statement may be viewed on the website:

<https://bit.ly/2Njj6BT>

Please feel free to contact us on info@castleviewltc.ie if you have any queries regarding Child Safeguarding measures.

I agree to be bound by and uphold all measures identified in the Castleview Lawn Tennis Club Child Safeguarding Statement.

PREFERRED METHOD OF PAYMENT *

Please select your method of payment for your membership

- PayPal
- SEPA (Bank Transfer)
- Cash
- Cheque / Bank Draft

GENERAL DATA PROTECTION REGULATIONS (GDPR) *

Castleview Lawn Tennis Club collects certain data from members which is strictly for use internally in the club. This information and data is not transmitted to third parties, and is held securely digitally.

You may at any time change your preferences as to how you want your data used by contacting us on info@castleviewltc.ie.

I agree to allow my personal data to be used by Castleview Lawn Tennis Club for internal club communications:

- Club Phonenumber
- Email Communications
- SMS (Text)
- Whatsapp, or similar apps,
- None of the above

DATA BREACHES AND MEMBERS *

I undertake not to disclose any personal information of other club members to interests outside of Castlevew Lawn Tennis Club, and will inform club officials if such a breach of data occurs

JUNIORS

Membership includes insurance cover. The Club is bound by the Irish and European privacy laws, as well as other laws which impose specific obligations with regards to collecting, using, disclosing and managing personal information about children and their families. As part of the Club's management of you and your child's confidential personal information, we seek your permission for the below purposes.

"I give my consent for the Club to take photographs of my child participating in Club activities for inclusion in my child's records, display within the Club, for promotion & advertising purposes and as mementos for my family."

Yes No

"I understand that other parent/family at the club may take photographs/video of their own child (which may include my child in the background), as well as group photographs at certain club events. Note the club has no control over the use of photographs/videos taken by parents/families."

Yes No

"I give my consent for my child's surname to be printed on club photos."

Yes No

SIGNED & DATE

Proposed for membership by: (Leave blank if no proposer)

SIGNED *

DATE OF APPLICATION *

_____/_____/_____

Name:	Gender:	Date of Birth (optional):

*Please return completed forms to:-
Membership Secretary
Castleview LTC
Castle Street,
Carrick-on-Suir,
Co. Tipperary.*

*or scan and email the completed form to:
newmembers@castleviewltc.ie*