**Age: \_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender (Please Circle):** Male Female

**Age: \_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender (Please Circle):** Male Female

**Age: \_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender (Please Circle):** Male Female

**Age: \_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender (Please Circle):** Male Female

**Age: \_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender (Please Circle):** Male Female

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Postcode:** \_\_\_\_\_\_\_\_\_**State: \_\_\_\_\_\_ Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Details- Please note details below are required**

I hereby apply to be a member of Brunswick Tennis Club and agree to be bound by the Brunswick Tennis Club Constitution, By-Laws and Policies, as well as the By-Laws and Policies of Tennis West and Tennis Australia.

To assist us in the provision of products and services, we need to collect personal information about you. When you provide personal information you agree that this will be used by Tennis West, Tennis Australia and other Australian Tennis Organisations under the terms of this statement, and the tennis privacy policy located at [www.tennis.com.au/privacy](http://www.tennis.com.au/privacy), which contains information about how you may access and seek correction of your personal information or complain about a breach of your privacy, and how we will deal with that complaint. If you do not agree, you must not provide your personal information, and you may be unable to access all of our related companies, other Australian Tennis Organisations, and third parties who provide us services. From time to time, these third parties may be located (and therefore your personal information may be disclosed) overseas, including to the USA and the Netherlands and as otherwise specified in the tennis privacy policy. Tennis West, Tennis Australia and other Australian Tennis Organisations may use and disclose your personal information for direct marketing purposes regarding the products and services you are signing up to receive, unless you opt-out (which you can do at any time in accordance with the tennis privacy policy), and for facilitating further offers if you tick one of the boxes below.

I wish to receive further offers from Tennis West, Tennis Australia and other Australian Tennis Organisations regarding other products and services. **[Optional]**

I wish to receive other offers from third parties who have a relationship with Tennis West, Tennis Australia or other Australian Tennis Organisations about their products and services. **[Optional]**

Signed: Date:

**Terms and Conditions and Privacy**

Please select which Membership you would like to purchase:

Individual Junior ($70) Kids Sports program Kids sport form completed

Family or 3 or more children ($160)  Adult casual member ($40)  Adult Casual players fee $5 per game

**Payment Method please circle:** Cash/Cheque/Bank Deposit

**Bank Details:** Brunswick Tennis Club Inc. BSB 066540 A/C 10001632

Please use family name x number of members on the bank transfer as your reference eg. **Hillx3** (for 3 players from the Hill family)

**Membership Details**

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you restricted in everyday or sport activities because of a physical, intellectual or sensory impairment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you of Aboriginal and/or Torres Strait Islander descent? (Please circle) Aboriginal Torres Strait Islander

Do you suffer from any illness or allergy? If Yes, Please Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak a language other than English at home? If Yes, Please Specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Details- Optional**

*Please list all family members over page*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name | Last Name | My Tennis ID (If Known) | Gender (M/F) | DOB | Family Member # |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Family Details (all players within the family)**

Brunswick Tennis Club Incorporated is a social club with an emphasis on our juniors having fun while being active. All players to please sign below to agree to our Code of Conduct.

As a player at Brunswick Tennis Club, I need to remember:

* To be a good sport
* To play for enjoyment
* To work hard for your playing partners as well as for yourself
* To treat all players the way you enjoy being treated yourself
* To play by the rules
* To co-operate with team and game officials
* To control your behaviour on and off the court
* To learn to value honest effort, skilled performance and improvement in your game.

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

Sign\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Player) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Date)

**PLEASE EMAIL A COPY OF THIS REGISTRATION FORM TO JULIANNE HILL AT** [**julianne.hill@hotmail.com**](mailto:julianne.hill@hotmail.com) **IF PAYING ONLINE**

**Code of Conduct**