

Name:		
	First	Last

Date of Birth		Male	Female
	Day/ Month/ Year		

Telephone			
	Home	Work	Cell

Email	
	Please print clearly

Mail Address		
	Parish:	Post Code:

BLTA Membership Number	
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Payment Options: (please tick box)

Cash enclosed: (\$30)	<input type="checkbox"/>
Cheque enclosed: Please make payable to: 'BLTA'	<input type="checkbox"/>
BLTA Membership Fee Included: (\$70)	<input type="checkbox"/>
BLTA Membership Fee already paid:	<input type="checkbox"/>

Wire Transfer:

HSBC 010-003218-002
 Please indicate in the transaction comment field: 'Name/Ladder'

Your payment for the ladder will be validated via the receipt of this duly signed registration form to be submitted to the BLTA.

The form can be scanned, faxed, emailed, posted or delivered to the BLTA Office.

DRUG FREE SPORT POLICY

As the National Governing Body of Tennis, the BLTA is a fully compliant signatory to the Bermuda Council for Drug-Free Sports, which implements year-round random drug testing for illicit drugs. Those eligible for random testing are:

- Any athlete or individual who competes regularly in local/domestic leagues, or competitions and is a member of the BLTA; and/or
- Any national/elite level athlete who competes for Bermuda, locally or overseas and is a member of the BLTA.

DISCLAIMER

I, the undersigned, (or the undersigned parent / guardian of the subscribing junior who is under the age of 18 years of age) understand and accept the above policy; and, will not hold the BLTA, its officers, executive, officials and representatives responsible for loss/damage and/or injury, howsoever caused, during my participation in the ladder.

Signature		Date	
	Parent/Guardian (if applicable)		