

Child Information



Full Name of Child:

Date of Birth:/...../.....

Sex*: Male Female

Language:

Home Address:

Post Code: Telephone:

Mothers Name: Father's Name:

Telephone: Telephone:

Mobile: Mobile:

On occasions we may be unable to contact you, please list whom you would like us to contact in case of such emergency.

Name: Telephone:

If parents are not collecting children please state whom you give permission to collect your child.

Name: Telephone:

Please state any medical/allergies conditions we should be made aware of:.....

Permission to photograph your child & display in the club/Website: Yes No

Permission to administer First Aid if required: Yes No

I understand that I must stay with my child if no one else is available to assist the tennis coach during sessions: Yes No

I understand The Tennis Club is committed to protect my child: Yes No

Signed: Parent/Guardian Date:/...../.....

Signed: PTC Date:/...../.....