

DAYLESFORD LAWN TENNIS CLUB JUNIOR REGISTRATION FORM

Please complete all the details on the form. This information is confidential and will only be used for the purposes of conducting junior tennis. You can provide details for a sibling group on this form.

JUNIOR DETAILS

NAME:

ADDRESS:

DATE OF BIRTH:

MEDICAL INFORMATION

NAME OF DOCTOR / MEDICAL PRACTICE:

CONTACT PHONE OR LOCATION OF MEDICAL PRACTICE:

PLEASE DETAIL ANY EXISTING MEDICAL CONDITIONS FOR YOUR CHILD:

DETAILS OF ANY MEDICATION TAKEN REGULARLY BY YOUR CHILD:

PARENT / CARER DETAILS

NAME:

HOME ADDRESS:

HOME PHONE:

MOBILE PHONE:

EMAIL ADDRESS: *(PLEASE PRINT CLEARLY)*

RELATIONSHIP TO JUNIOR:

I agree that Daylesford Lawn Tennis Club can use images that may be identified by the first name of my child in any publicity on our website, social media and printed information.

I agree that Daylesford Lawn Tennis Club can use images that are identified by the full name of my child in any publication of the tennis results or any tennis events that are published in newspapers and magazines.

.....
Parent/Carer signature

Date / /