

KILMARNOCK TENNIS CLUB



JUNIOR REGISTRATION FORM 2010

NAME _____

ADDRESS _____

EMERGENCY CONTACT NO. _____ RELATIONSHIP _____

HOME TELEPHONE NO. _____

D.O.B. _____

MEDICAL CONDITIONS YES / NO

PLEASE GIVE DETAILS _____

DO YOU AGREE TO PHOTOGRAPHS BEING TAKEN FOR PUBLICITY AGREE / DISAGREE

E-MAIL ADDRESS FOR CONTACT ON FUTURE EVENTS _____

NAME OF PARENT/GUARDIAN _____ SIGNATURE _____

THIS REGISTRATION FORM MUST BE COMPLETED PRIOR TO CHILD PARTICIPATING IN ANY COACHING PROGRAMME OR HOLIDAY PROGRAMME.