

Rotokare

TENNIS
CLUB

REGISTRATION FORM: JUNIORS (2019 Term 1)

First Name _____ Last Name _____

Date of Birth _____ School _____

Postal Address _____ Post Code _____

Email Address _____

Home Phone: _____ Mobile _____

Name of Parent/Caregiver _____ Relationship to Child _____

Name of Emergency Contact _____ Mobile _____

Type of Membership:
(Please circle)

Red Ball Hot Shots	\$30.00
All other juniors < 18 years	\$50.00
Coaching Group	Green Ball, Orange Ball, Youth
Coaching Day/Time	Monday/Tuesday Time: _____

Keys:
(Please circle)

Club Key	\$20.00 per season, or
	\$10.00 per season if old key returned
Light Key	\$30.00 per season

Total Amount Due Bank Account 153949 0290167 00 \$ _____

Does your child wish to play Interclub? YES/NO A Grade, B Grade, Youth, Junior Green, Junior Orange (Please circle)

As a parent, are you prepared to manage your child's Interclub Team? YES/NO

As a parent, are you prepared to be rostered for Club House duties during the season? YES/NO

MEDICAL INFORMATION

Please list any medical conditions/allergies (include medication) that your child has that the club should be aware of.

CONSENT

- I agree to my child taking part in the activities at Rotokare Tennis Club, AND I will ensure that my child is delivered to and collected from Rotokare Tennis Club at the appropriate times. Rotokare Tennis Club will not be responsible for my child after their lesson.
- I confirm that my child does not suffer from any medical condition other than those listed above.
- I understand that photographs may be taken that might be used for publicity for the club. I will notify Rotokare Tennis Club or the organisers if I do not consent for my child's photograph to be taken.

Signed _____ (Parent/Caregiver) Date _____

PLEASE SEND COMPLETED FORM TO CHANTELLE - chantelle.peters@hotmail.com or 027 726 5248