

Clarkston Tennis Club

Coaching Registration Form



Please complete this form and get a parent or guardian to sign it if you are less than 16 years old.

Name <i>(please print)</i>		D.o.B and Age	
British Tennis No: if already applied for			
Address			
Contact numbers In case of emergency	Home		
	Mobile		
Email address			

Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions:

Session Applied for: i.e Name, Day, time e.g. (mini red, Saturday 10-11am)

Completed forms, along with payment (cheques should be made payable to CB&TC) should be returned to Carol Milne, 17 Rockburn Drive, Clarkston, G76 7PE.

Performer's Signature:

Signed:..... Date..... Member

Parent/guardian declaration (essential if applicant is under 16 years of age)

By signing and returning this form, I agree to (Child's name) taking part in the general activities of the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents.

To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form. I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately.

I understand that I must inform the club of any changes to the information provided on this form.

Signed: **Date:**.....

Name: **Cheque attached:**