



ROSS TENNIS

Enrolment Form

Students name:

Date of birth:

Parent/ Carer name:

Address:

Post code:

Mobile number:

Home phone number:

Email address:

Emergency contact 1:

Relationship:

Emergency contact 2:

Relationship:

Specific medical requirements:

Previous Tennis experience:

Classes for which you wish to enrol:

I acknowledge that I am totally responsible for the child's safety at all times other than their timetabled lessons.

Name: **Relationship:**

Signature: **Date:**

(Please circle where applicable)

I am/ I am not happy for my child to be corrected through physical contact.

Name: **Relationship:**

Signature: **Date:**

I am/ I am not happy for my child to take part in Tennis tournaments which may run outside regular class times.

Name: **Relationship:**

Signature: **Date:**

I am/ I am not happy for my child's photograph to be used for advertisement e.g. Ross Tennis Website or Facebook page.

Name: **Relationship:**

Signature: **Date:**

I will give at least half a terms notice before withdrawing my child or myself from Ross Tennis classes.

Name: **Relationship:**

Signature: **Date:**