Exwick Tennis club

Course Enrolment Form

Player's Name:	D.O.B	Rating: .....
Course Name :	Dates : ...../.....	Course fee £.....

IF YOUR CONTACT DETAILS HAVE NOT CHANGED YOU WILL NOT NEED TO ENTER YOUR DETAILS BELOW, PLEASE TICK THE BOX TO CONFIRM THAT YOUR CONTACT DETAILS REMAIN THE SAME, AND PROCEED TO THE UNDERTANKING PART AT THE BOTTOM OF THIS FORM WHICH MUST BE SIGNED BY A PARENT / GUARDIAN ☐

beacon tennis together

Tennis Clubmark

LTA DEVON

Address.....

.....

.....Post code.....

Home Phone No.....Mobile.....

Emergency Phone No: .....

Medical Conditions: ..... If a racket is required please tick here: ☐

Email: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(Pay by Cash or Cheque)

Cash payments are Accepted

Cheques are made payable to **'Exwick Tennis Club'**

(Pay electronically)

Bank transfer payments should be made to:

Exwick Tennis Club Sort Code 09-01-28 A/C 06611306

UNDERTAKING

It is understood that we cannot be held liable for any personal loss or injury, which the player may sustain whilst attending the course's) of their choice at Exwick Tennis Club.

Please tick here if you do not want your child to be photographed at tennis club events ☐

Signature of Player, Parent/ Guardian.....