

# Booking and Consent / Emergency Contact Form

## Player Details

Name:		Date of Birth:	/	/
British Tennis Membership Number (BTM, if they have one)				
LTA Player rating (if they have one)				

## Parent/Guardian Details if different from above.

These details will be used for cancellations and renewals

Name:			
Address:			
Contact details:	Phone:		
	Mobile:		
Email:			

## Details of course/s child / adult will be attending

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## Activities

<b>I give permission for the child / adult to:</b>		
Be involved in photography and/or filming.	Yes	No
Travel by any form of public transport or in a motor vehicle.	Yes	No
Other (please detail)	Yes	No

## Child / Adult Medical/Disability History

<b>Does the child /adult have:</b>		
Any health needs (e.g. diabetes, asthma, epilepsy, allergies) that we should be aware of?	Yes	No
Any access needs?	Yes	No
Any religious or spiritual practices we should be aware of?	Yes	No
Any dietary needs we should be aware of?	Yes	No
Anything else which we should be aware of?	Yes	No
<p>If yes to any of the above, please provide full details e.g. time medication must be taken, if help is required to administer medication, etc. (please use additional paper if required).</p>		

### Emergency Contact Details (if different from Parent/Carer)

<b>Name:</b>		
<b>Relationship to the child or adult:</b>		
<b>Contact details:</b>	Phone:	
	Mobile:	
	E-mail	

### Payment Details for Coaching

Where possible, please pay by bank transfer to the following account, quoting your child's name.

Account Name: Jennifer Rose  
Sort Code: 30 - 90 - 37  
Account number: 39293360

Cheques to be made payable to Jennifer Rose.

### Membership money to be paid to the club.

<b>Amount Paid</b>		<b>Payment Method</b>	<b>Bank Transfer</b> <b>Cheque</b> <b>Cash</b>
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### Booking Confirmation

Name of parent/carer or adult (print):		Date:	
Signature:			
Consent valid for the following period (please circle)	<b>This event only</b> <b>1 week</b> <b>1 month</b>	<b>1 year</b> <b>Other (please detail):</b>	