

Bedale Tennis Club Junior Coaching Player Registration and Consent Form

Dear Parents/Guardians,

Welcome to Bedale Tennis Club, please complete this registration form for your child(ren) and sign the declaration below.

Name(s)	Date(s) of Birth
School(s) Attended	School Year(s)
Address	Contact number
Parent/Guardian Email	

PLEASE ENSURE THAT A PARENT/GUARDIAN REMAINS AT THE TENNIS CLUB FOR THE WHOLE SESSION

1. Please use the box below to describe any special care needs, dietary requirements, allergies or medical conditions and continue overleaf if necessary.
2. Please indicate below if you DO NOT want the club to use your child’s photograph for promotional purposes.

Parent/guardian declaration

By signing and returning this form, I agree totaking part in the tennis coaching at Bedale Tennis Club. He/she/they agree to follow the junior rules of the club.

To my knowledge, he/she/they has/have no special care needs, dietary requirements, allergies or medical conditions that could affect his/her/their safety other than those declared on this form.

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

Signed.....Date.....

SUMMER TERM 2024 – APRIL9TH -21ST MAY – 7 SESSIONS - £49

Please confirm your application form and return to altheadraper@btinternet.com

Please pay for the sessions using a bank transfer for £49

Bedale Tennis Club, HSBC, Account number: 00166529 Sort Code – 40-10-01