



Emergency Contact Form (Players are required to complete all sections)

Player Details

Name (as it appears on the Passport)		Date of Birth	
BTM Number			
Address			
Home Phone		Mobile Phone	
Email			

Passport Details

Number		Expiry	
Place of Issue			

GP Details

GP Name		GP Phone	
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Name			
Relationship to Player			
Home Phone Number		Mobile Phone	

Emergency Contact

Medical/Disability Information

Any health needs (e.g. diabetes, asthma, epilepsy, allergies)	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
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).		

Consent Given by:

Signature

Date

Name

Competition



Media Consent Form

Player Details

Name		Date of Birth	
BTM Number			

I (player name/ parent name if under 18*)
 give permission / do not give permission * to be involved in publicity, including photographs,
 recording, filming for TV, video and LTA / Tennis Foundation material. I understand that all images,
 film and sound recording produced are in accordance with the Online Safety and Social Media
 Policy.

Signature Date.....

Name of parent/carers

Competition:

Team Name

(* delete not applicable)

Safe and Inclusive Tennis Team Contact Details

T: 020 8487 7000

E: safeandinclusive@LTA.org.uk