|  |  |  |  |
| --- | --- | --- | --- |
| Session | | Time | Cost |
| Monday | 1A | 9.30am - 10.30am | M: £5.00 NM: £7.00 |
| Tuesday | 1B | 9.30am - 10.30am | M: £5.00 NM: £7.00 |
| Wednesday | 1C | 9.30am - 10.30am | M: £5.00 NM: £7.00 |
| Thursday | 1D | 9.30am - 10.30am | M: £5.00 NM: £7.00 |
| Friday | 1E | 9.30am - 10.30am | M: £5.00 NM: £7.00 |

*Please print in block capitals*

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is child a **M**ember /**N**on-**M**ember? (delete as applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **DOB** | **Sessions attending e.g. 1A, 1B, 1C, etc.** | **Cost per day (M/NM)** | **Multi-session discount** | **Sibling discount** | **Sub-total** |
| *Oldest* |  |  |  | *-10%* |  |  |
| *Sibling 2* |  |  |  | *-10%* | *-10%* |  |
| *Sibling 3* |  |  |  | *-10%* | *-15%* |  |
|  |  |  |  |  | **Total** |  |

***Sibling Discount*** *- Oldest child full price / 2nd child 10% discount /3rd child 15% discount*

***Multi-Session Discount*** *- 10% discount if attending* ***all 4 days***

**MEDICAL DETAILS**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I give permission for STC to make such emergency decisions with regard to the medical conditions or injury received during the activity, until such time as I can be contacted*

**PHOTGRAPHY**

I consent to photographs being taken of my child, which may be used for STC use or local press publicity.

Signed (Parent/Guardian) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this agreement I agree with the full terms and conditions as shown on* [*www.stonehaventennisclub.com*](http://www.stonehaventennisclub.com)