



Tennis Enrolment Form

Are you interested in playing tennis?

Thank you for taking the time to visit the club and it's great news that you are interested in joining our coaching programme. Have fun!

Please complete BOTH PAGES in full and email to justplaytennis@hotmail.com. Please make cheques payable to Mr R Trickey.

Squad Details:

Our *Flexi-Card* allows you to develop your game in a variety of different sessions. The card gives you 10 hours of coaching that is signed off as and when you complete sessions. The cards are valid for 3 months from the time of purchase.

Please circle the session(s) you are interested in:

- Cardio Tennis**
- Beginners**
- Improver/Intermediates**
- Matchplay**
- Team Tennis**

Cost: £55 member rate £80 non-member rate

Player Details:

Player Name:.....Date of Birth.....

Address:.....

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Tel:.....Mob:.....

Email:.....

British Tennis Membership Number:

Are you currently a: **Member** **Non-Member**

Medical Form

Health History Information

Please list below any relevant medical information that the coaches should be made aware of:

(a) Any conditions requiring medical treatment, including YES / NO Medication? (delete as applicable)

If yes, please give details:

(b) Please give details of the type of pain relief medication you may be given if necessary:

(c) Are you allergic to any medication? YES / NO (delete as applicable)

If yes, please give details:

(d) Please state any special dietary needs:

Please tick any conditions that you have had in the past or present:

- | | | | | | |
|--------------------|--------------------------|-------------------------|--------------------------|------------------------|--------------------------|
| Chest pain, angina | <input type="checkbox"/> | Heart attack | <input type="checkbox"/> | Stroke | <input type="checkbox"/> |
| Rheumatic fever | <input type="checkbox"/> | Heart murmur | <input type="checkbox"/> | Bone or Joint problems | <input type="checkbox"/> |
| Lung disease | <input type="checkbox"/> | Tuberculosis | <input type="checkbox"/> | Steroid therapy | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Asthma | <input type="checkbox"/> |
| Arthritis | <input type="checkbox"/> | Seizures (epilepsy) | <input type="checkbox"/> | Kidney disease | <input type="checkbox"/> |
| Thyroid disease | <input type="checkbox"/> | Drug/alcohol dependency | <input type="checkbox"/> | | <input type="checkbox"/> |

Please provide details of any ticked conditions and any other conditions we should know about?

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I consent to taking part in exercise and take full responsibility for any injuries caused while at the club.

Signed Date

Photography

Permission to take photo's.

I (give / do not give) my consent to **Swanage Tennis Club** to take photographs of my for any **promotional and social media purposes**.

I (give / do not give) my consent to **Swanage Tennis Club** putting my **name on social media**.

Signed Print Name

Date