**TROON LAWN TENNIS CLUB JUNIOR COACHING 2021**

# NOTIFICATION OF INTEREST / REGISTRATION

|  |  |  |
| --- | --- | --- |
| **CHILDS NAME**  | **MEMBER**  | **DATE OF BIRTH**  |
|  |  **YES / NO** |  |
|  | **YES / NO** |  |
|  | **YES / NO**  |  |
|  | **YES / NO**  |  |

|  |  |
| --- | --- |
| ADDRESS:   | **……………………………..**  |
|    | **……………………………..**  |
| POST CODE:   | **……………………………..**  |

PARENT CONTACT NO. **……………………………..**

E-MAIL ADDRESS: **……………………………..**

SCHOOL/NURSERY(S) ATTENDED (REQUIRED FOR REPORTING) **……………………………..**

**MEDICAL TREATMENT**

THE FOLLOWING INFORMATION AND CONSENT ARE REQUESTED TO ENSURE THE HEALTH AND WELLBEING OF ALL CHILDREN PARTICIPATING IN TROON LAWN TENNIS CLUB ACTIVITIES. THE

INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL AND WILL ONLY BE USED TO SAFEGUARD

AND PROMOTE THE CHILD'S HEALTH AND WELL-BEING SHOULD THE NEED ARISE

PLEASE PROVIDE DETAILS OF ANY PRE-EXISTING MEDICAL CONDITIONS THAT MAY AFFECT THE CHILD’S PARTICIPATION IN THE ACTIVITY/EVENT/PROGRAMME:

**………………………………………………………………**

DETAILS OF ANY MEDICATION, TREATMENT OR DIET REQUIRED:

 **……………………………………………………………….**

DETAILS OF ANY ALLERGIES, INCLUDING ALLERGIES TO MEDICATION:

**……………………………………………………………….**

HAS THE CHILD RECEIVED A TETANUS INJECTION IN THE PAST 10 YEARS?: **YES / NO**

# EMERGENCY CONTACT

SHOULD WE NEED TO CONTACT PARENTS/GUARDIANS WE WILL USE THE CONTACT DETAILS ABOVE. HOWEVER, IN THE EVENT OF EMERGENCY, PLEASE SUPPLY DETAILS OF ANOTHER EMERGENCY CONTACT BELOW.

NAME: **.........................................**

TELEPHONE: **.........................................**

ADDRESS: **.........................................**

**.........................................**

**AUTHORISATION**: TO BE SIGNED BY THE PARENT/GUARDIAN/LEGAL CARER

I **(……………………………….………………….)** CONSENT TO RECEIVING MEDICAL TREATMENT, INCLUDING ANAESTHETIC, WHICH THE MEDICAL AUTHORITIES PRESENT, CONSIDER

NECESSARY.

PLEASE TICK BOX IF YOU DO **NOT** CONSENT TO PHOTOS APPEARING IN WEB OR OTHER PROMOTIONAL MATERIAL [ ]

*I UNDERTAKE TO INFORM TROON LAWN TENNIS CLUB SHOULD ANY OF THE INFORMATION*

*CONTAINED IN THIS FORM CHANGE.*

SIGNATURE: **.........................................**

RELATIONSHIP TO CHILD(REN). **.........................................**

DATE **.........................................**

PLEASE RETURN FORM TO: TREASURER@TROONTENNIS.ORG.UK

***FEES***

*THE APPROPRIATE FEE SHOULD BE PAID AT THE START OF EACH SESSION (CURRENTLY £4 PER*

*SESSION FOR MEMBERS / £6 PER SESSION FOR NON-MEMBERS)*

*DAYS WILL BE WEATHER PERMITTING HOWEVER, PLEASE BRING SUITABLE CLOTHING AND A DRINK. RACKETS CAN BE SUPPLIED.*

*PLEASE NOTE: AS THE CLUBHOUSE ISN’T MANNED BY STAFF DAY TO DAY WE MUST KEEP THE CLUBHOUSE CLOSED FOR THE TIME BEING; UNTIL SUCH TIME AS WE CAN ENSURE CERTAIN COVID CONTROL MEASURES CAN BE IMPLEMENTED SAFELY.*

***NO CHANGING OR TOILET FACILITIES ARE CURRENTLY AVAILABLE; SO PLEASE ENSURE CHILDREN ARRIVE READY TO PLAY.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Ball** | **Age** | **Year** | **Time (Sat)** |
| Red | 8 & under | P1- P3 | 0900 - 1000 |
| Orange/Green | 9 & under | P4- P6 | 1015 - 1115 |
| Yellow | U18 | P7 and older | 1130 - 1230 |