

Denby Dale Tennis Club Junior Registration Form

Name		
Date of birth		
Address		
Home phone no	Mobile no	e mail
School	School year	

Parent/ Carer contact details

Name of parent /Carer
Address if different from above
Emergency contact number
Contact email address (May be used to pass on events related to the club)
Person authorised to collect the participant from coaching. (Please delete as appropriate) OR My child will make their own way home from coaching

Medical

Does your child have a medical condition/disability that the coach should be aware of? Please give details.
Does child have any allergies?
I give my permission for a representative from the club, or the coach to agree to emergency medical treatment for my child on my behalf should it be required. ----- Parent/ Carer

Photography/ web permission.

I give permission to include the participant in photos for display/promotional purposes including newspaper articles and the club website YES / NO

I will ensure that my child has suitable clothing/ footwear and appropriate refreshment for the duration of the activity. I will ensure that my child is under my care and supervision at all times when not on court being coached. All personal information contained within this form will be stored and processed in accordance with the General Data Protection Regulations. No part of this information will be passed to a third party or any club member. Only Committee members and the designated coach and junior team coordinator will have access to this information.

Signature of parent /carer.....Date.....