

## How to Apply

Please complete the details below including a signature by a parent or guardian. Bring completed form to your nearest tennis court for registration with the fee on the dates stated in centre page. Some areas have alternative facilities for registration which are stated on centre page e.g., facilities to book on line and/or pay by paypal.



Name

Age

Date of Birth

Address

Venue

Date

Time

School

Parents Mobile\*

Emergency Mobile\*

Email \*

Indicate any special medical condition or needs:

\*Your email or mobile number will only be used to inform you of future programs and will not be passed on to others. If you don't want any contact please tick box

If you do not wish your child to be photographed for press or publicity features please tick box

**Parks Tennis adheres to the code of Ethics and Good Practice for childrens sport.**

**Terms and Conditions:** Participants in this programme are expected to be well behaved and show respect for their Coaches. Parks Tennis Ireland and Parks Tennis N.I., shall not be responsible for any child left unsupervised outside of allocated times and reserves the right to make date/venue changes if necessary. Parks Tennis I. and Parks Tennis N.I. shall not be held accountable should an activity be suspended or cancelled due to bad weather. No refund will be given. Parks Tennis I. and Parks Tennis N.I., cannot be held liable or responsible for damages, injuries or loss of possessions.

I/we, the parent(s)/guardian of the above, hereby give my/our consent to his/her participation in the Parks Tennis I. and Parks Tennis N.I. program for Summer 2013. I/we do hereby release Parks Tennis I. and Parks Tennis N.I. its officers, directors, employees, agents, volunteers, and sponsors from all and any liability no matter how arising with his/her attendance, play and transportation related thereto. I/We give permission for basic first aid to be administered by a coach where considered necessary or by a suitably qualified medical practitioner. If I cannot be contacted and the child requires emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

Parent/Guardian Signature: \_\_\_\_\_