

JUNIOR CONSENT FORM

PLEASE RETURN THIS FORM TO THE VENUE YOU ARE BOOKING FOR (contact details available from www.willtowin.co.uk)

Course / Camp*	Start date	Day	Time	
Level*	RED	ORANGE	GREEN	JUNIOR
*Circle as appropriate				
VENUE*	CHISWICK	LAMMAS PARK, EALING	HYDE PARK	REGENTS PARK

Please complete in BLOCK CAPITALS

SURNAME	FIRST Name
Date of Birth	Age
Email	
WTW Smartcard no.	WTW Courtcard no.
Address	
	Postcode
Home Phone	Mobile Number

Do you have British Tennis Membership?	YES	NO
If YES, enter British Tennis Membership number		
If NO, please apply for FREE British Tennis Membership on my behalf	YES	NO

Emergency Contact Person	
Relationship to Child	
Telephone	
Mobile	

Does the child have any allergies?	YES	NO
If YES, please give details:		
Please comment about the child's general level of fitness:		
Please give details of any other ongoing health conditions that may be affected by playing:		
What other regular sports/fitness activities does the child participate in?		
Can we assist your child to apply suntan lotion (if required)?	YES	NO

Is your child allowed to leave the session by themselves?	YES	NO
If NO, who will be collecting them?		

I give permission for my child to be involved in any publicity, including photographs and video footage, surrounding activities organised by Will to Win Tennis Centres.

Signed (Parent/Guardian) _____ date ___/___/___

By signing this form, you agree that Will To Win and the LTA (for British Tennis Membership) at national, county and island associations can use your personal data, including sensitive data for membership purposes and to send you by post, email or SMS information related to those purposes. We would like to email you relevant information about upcoming courses and events and our with our e-newsletter.

Tick here if you do not want to receive emails from WTW. Please be assured that we will not pass on your information to any third parties.