

JUNIOR REGISTRATION & CONSENT FORM

Camp Start date										Course Start			
EASTER	1	2	3	4						DAY			
SUM ½ TERM	1	2								TIME			
SUMMER	1	2	3	4	5	6	7	8	9	TYPE	Mini Red	Orange	Green
AUTUMN	1	2											

Please complete in BLOCK CAPITALS

SURNAME			FIRST Name	
Address				
			Postcode	
Email				
Home Phone			Mobile Number	
Date of Birth			Age	

Do you have British Tennis Membership?	YES	NO
If YES please put your British Tennis Membership number here:		
By signing this form you consent to Will To Win applying for FREE British Tennis Membership for the child named above. Please <i>tick here</i> <input type="checkbox"/> if you do not agree.		

Emergency Contact		
Relationship to Child		
Telephone		
Mobile		

Does the child have any allergies?	YES	NO
If YES please give details:		
General Health:		

Can we assist your child to apply suntan lotion?	YES	NO
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Can we take photos of your child? (photos may be used on the WTW website and associated publicity)	YES	NO
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Is your child allowed to leave the session by themselves? If NO who will be collecting them?	YES	NO
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Signed (Parent/Guardian) _____ date ___/___/___

Please be assured that we will not pass on your information to any third parties. However, If you would rather not receive emails about WTW courses and events please *tick here*

For Office Use:

PAYMENT METHOD: Credit card / Cash / Cheque
 Cardholder Number _____
 Processed by _____

Payment Date: ___/___/___
 Database Updated: YES / NO
 Date Processed ___/___/___

See: www.willtowin.co.uk for more details