

# COURSE ENROLMENT FORM



Please return this form with payments to : behind bar at the club or  
send to Windsor Tennis Club, Maidenhead Road, Windsor  
Berkshire SL4 5EY

<b>1 FORM PER PLAYER</b>		<b>Cheques payable to: Windsor Tennis Coaching</b>	
GROUP NUMBER: _____	DAY: _____	TIME: _____	AMOUNT: £ _____
GROUP NUMBER: _____	DAY: _____	TIME: _____	AMOUNT: £ _____
NON MEMBER FEE: MADE PAYABLE TO WLTC £ _____		MEMBER OF WLTC YES / NO	

Name: .....	Parents Name: .....
House Number: .....	Age: .....
Postcode: .....	DOB: .....
Parents E-mail: .....	School: .....
Mobile: .....	Member of British Tennis? YES/NO
	Membership No.....

Please note you have to be a member of British Tennis to participate in our coaching groups. It's free and can be done at [www.lta.org.uk/membership](http://www.lta.org.uk/membership). We will sign you up but if you prefer to do so please tick the box

Does your child (ren) have any medical conditions, take any form of permanent medication or have any other special considerations that the coach should be aware of including allergies e.g. bee stings, nuts, asthma, epilepsy, diabetes, or others  
**Yes / No (please circle)** – If yes please explain:-

Do you authorise your child to walk back home alone after his/her/their tennis coaching programme. **Yes / No**  
Signed:-

**Video and Photography:** Active Tennis coaches may use video to assist with coaching, it will be deleted immediately after being viewed by coach/player or parent. Active Tennis staff may also use photographs for website or promotional purposes. If you wish to be excluded from this please tick here

**Data Protection:** The above information is for the sole use of Windsor Tennis Club and Active Tennis staff and will be not shared with any third party.

VISIT OUR WEBSITE TO KEEP UPTO DATE ON ALL OUR COACHING AND COMPETITIONS DATES

[www.ACTIVETENNIS.CO.UK](http://www.ACTIVETENNIS.CO.UK)