KILLEARN TENNIS CLUB COACHING FORM

SESSION .....

Name.....Age (if child) .....

Name.....Age (if child) .....

Name.....Age (if child) .....

Tennis Class Required Fridays 1).....2).....3).....4).....

Wednesdays 1).....2).....

Thursdays 1).....2).....

Emergency Contact:

Name ..... Tel. No .....

Email Address.....

Does your child have a medical condition / allergy we should be aware of.

Yes/ No. If 'yes' please give details.....

.....

Signature. .....