

KILLEARN TENNIS COACHING FORM

SESSION

Name of Child.....Age

Name of Child.....Age.....

Name of Child.....Age.....

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

Emergency Contact:

Name Tel. No

Email Address.....

Members must Respect and Listen to the Coaches.

Try your best and have fun. Fair play

Please remember to bring along a drink, suitable clothing for the weather and sun tan lotion if necessary

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

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

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Signature.