

# Summer TENNIS CAMP

for 5 - 16  
year olds



FULL NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PLEASE TICK APPROPRIATE GROUP  
MINI RED/ORANGE (5-9 YRS)   
MINI GREEN/YELLOW (10-16 YRS)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
POSTCODE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

MEDICAL INFORMATION/ALLERGIES \_\_\_\_\_

***PLEASE CAREFULLY READ THE FOLLOWING, AND TICK WHERE APPROPRIATE***

I HAVE READ, AND UNDERSTAND THE POLICIES & RULES THAT HAVE BEEN SET OUT FOR THIS TENNIS CAMP, AND AGREE TO FOLLOW THEM ON THE DAY

I UNDERSTAND THAT THE CAMP MAY BE CANCELLED AT SHORT NOTICE SHOULD THERE BE ADVERSE WEATHER FORECAST

I GIVE CONSENT FOR PHOTOS OF MY CHILD TAKEN AT THIS EVENT TO BE USED IN POCKLINGTON TENNIS CLUB PROMOTIONAL MATERIAL (INCLUDING WEBSITE AND SOCIAL MEDIA)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**PLEASE NOTE:**

CANCELLATIONS MADE LESS THAN 24 HOURS BEFORE THE START OF A SESSION WILL BE LIABLE FOR THE FULL COST\*

THE INFORMATION SUBMITTED ON THIS FORM WILL BE RETAINED FOR THE DURATION OF THE CAMP AND DESTROYED FOLLOWING ITS COMPLETION. DATA WILL NOT BE SHARED WITH ANY THIRD PARTY OR BE USED FOR ANY OTHER PURPOSE.

\*UNLESS FOR REASONS RELATING TO COVID-19