

**SEACOURT TENNIS CLUB
AFTER SCHOOL CLUBS BOOKING & CONSENT FORM**

Term 5th September – 21st October 2016

PARTICIPANT DETAILS			
Name:	Member Y/N <input type="checkbox"/>	D.O.B:/...../.....	
Male/Female <input type="checkbox"/>	Name of Parent/Guardian:		
Phone no(s): mob:		home:	
Email (n.b. all communication about sessions will be made via email):			
Emergency contact:	Name/relationship to participant:	Phone:	
I authorise my child to Sign-out & leave the Club unaccompanied. I recognise the Club has no responsibility for my child after the session has finished. <input type="checkbox"/>			
MEDICAL HEALTH INFORMATION			
Please indicate below if your child is affected by an illness or injury that might affect their sporting activity, or a disability which you think should be brought to our attention, such as asthma, diabetes, epilepsy, heart condition:			
Please give details of any allergies:			
Any other medical conditions:			
Is your child on any current medication, if yes please give details:			
CLUB DETAILS			
Please tick all preferred/available times for each sport			
LT Wed 4pm <input type="checkbox"/>	RT Wed 3.20pm (u8 only) <input type="checkbox"/>	BAD Wed 4pm <input type="checkbox"/>	
LT Wed 5pm <input type="checkbox"/>	RT Wed 4pm <input type="checkbox"/>	BAD Wed 5pm <input type="checkbox"/>	
LT Wed 6pm <input type="checkbox"/>	RT Wed 5pm <input type="checkbox"/>		
LT Thurs 4pm <input type="checkbox"/>	RT Thurs 4pm <input type="checkbox"/>		
LT Thurs 5pm <input type="checkbox"/>	RT Thurs 5pm <input type="checkbox"/>		
LT Fri 4pm <input type="checkbox"/>	RT Fri 3.20pm (u8 only) <input type="checkbox"/>		
LT Fri 5pm <input type="checkbox"/>	RT Fri 4pm <input type="checkbox"/>	SQUASH Fri 4pm <input type="checkbox"/>	
	RT Fri 5pm <input type="checkbox"/>	SQUASH Fri 5pm <input type="checkbox"/>	
CANCELLATION POLICY			
We require two weeks notice for all course cancellations. Refunds will be made for all remaining sessions, less a 10% admin charge. Courses cancelled due to bad weather will be re-scheduled but no refunds will be available if unable to attend.			
PARTICIPATORY CONSENT – please tick where appropriate			
I, the undersigned, have understood the purpose of the foregoing information, and give consent for my child to take part in sporting activities organised by Seacourt Tennis Club. I have completed the necessary medical details and consent that in the event of any illness or accident, any necessary treatment can be administered. I understand that while the sports coaches and Seacourt personnel will take every reasonable precaution to ensure that accidents do not happen, they cannot be held responsible for any loss, damage or injury involving or suffered by my child. <input type="checkbox"/>			
Please note that during coaching sessions, some official photographs may be taken for use in promoting Seacourt Tennis Club activities. I consent to having my child's picture published: <input type="checkbox"/>			
I acknowledge as parent/guardian I must notify the club <u>in advance of session</u> of any intended absences. I acknowledge and understand Seacourt's sign-in/sign-out procedure for junior coaching sessions, in line with the Club's Child Protection Policy. Details of this procedure are available at reception. <input type="checkbox"/>			
I / my child have read Seacourt Tennis Club's Rules & Codes of Conduct (available on website and in club) and recognise they apply at all times. <input type="checkbox"/>			
Signed:		Date:	