

ORMISTON COLLEGE TENNIS ENROLMENT FORM

Student Name: _____ Year level: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name: _____ Mobile: _____

Home Phone: _____ Business Phone: _____

Email: _____

EMERGENCY CONTACT: (other than Parent/Guardian listed above)

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

MEDICAL CONDITIONS:

Please describe any medical conditions we should be aware of that may affect your child's participation in the tennis coaching program:

Allergies: _____

COACHING PROGRAM: (please tick your preference)

Group Coaching

Monday Tuesday Wednesday Thursday Friday

Times

AM PM

Private Lesson

30 minute 1 hour

I (Parent/Guardian) _____ give permission for my child

(Child's name) _____ to participate in the Synergy Tennis Coaching Program held at Ormiston College. I understand that the fees for this coaching will be billed to my Ormiston College Parent Account. I have read the Tennis Coaching Information sheet, and agree to the terms and conditions included. I have also disclosed all medical information relating to my child that may be required by the coaching staff.

Signature: _____	_____	Date: _____	_____
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Please return the completed form to synergytennis@optusnet.com.au

The Ormiston College Tennis Coaching Program is run by external specialist tennis coaches from Synergy Tennis.