

STUDENT ENROLMENT FORM



Student 1 Name: _____ D.O.B: ___/___/___

Student 2 Name: _____ D.O.B: ___/___/___

Postal Address: _____

Home Ph: _____ Mobile: _____ Post Code: _____

Email: _____

Parents Name/s: _____

Please enrol me in the following lessons: (circle as appropriate) Term 1 / Term 2 / Term 3 / Term 4

LIL' PROS [ages 3-5] - HOTSHOTS [ages 5-11] - PRIVATE GROUP LESSON [all ages]

SEMI PRIVATE LESSON [all ages] - PRIVATE LESSON [all ages]

Day: _____ Time: _____

Oz Tennis Academy's Risk Management Policy

All guardians/students must complete and sign the following form for any enrolment into hotshots, group, semi private and private coaching at Oz Tennis Academy.

Q1: Does your child suffer from any illness that may affect their ability to participate in vigorous physical activity? (Asthma, epilepsy etc.) Yes / No

Details: _____

Q2: Does your child take any special medications or have any allergies that we should be aware of? Yes / No

Details: _____

Q3: Whom do we contact in case of an emergency where you cannot be reached? (Close Friend or Relative)

NAME: _____ RELATIONSHIP: _____

CONTACT NO: _____

HOW DID YOU HEAR ABOUT OZ TENNIS ACADEMY ?

1.Friend 2.Website 3.School Newsletter 4.Flyer 5.Other: _____

I have read and accept Oz Tennis Academy's Terms and Conditions (on www.oztennis.com website).

Parent/Guardian (please print) _____

Signed: _____ Date: _____