

## 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

INTRO TO HOTSHOTS [ages 3-5] - HOTSHOTS [ages 5-12] - GROUP LESSON [ages 12+]

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](http://www.oztennis.com) website).

Parent/Guardian (please print) \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_