



CHRISTMAS TENNIS CAMP 2020



FULL NAME _____

DATE OF BIRTH _____

PLEASE TICK APPROPRIATE GROUP

MINI RED/ORANGE (4-9 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 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