

**KELLS TENNIS CLUB**  
**JUNIOR COACHING SUMMER 2018**

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**APPLICATION FORM:**

Name .....

Date of birth ..... Tel. No. ....

**MOBILE** .....

**Email**.....

Please state if your child has any medical condition we should be aware of:

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Person to contact in case of emergency:

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Do you agree to the use of video equipment as a teaching aid?  
(Any recordings will not be placed in the public domain)

Yes

No

Preference for number of lessons per week:

Once a week

Twice a week

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