

KELLS TENNIS CLUB
JUNIOR COACHING AUTUMN 2017

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APPLICATION FORM:

Name

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

MOBILE

E-mail.....

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

Person to contact in case of emergency:

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