

(Cheques made payable to North Down Tennis Academy)

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Session: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Tel. Home (parent/guardian): \_\_\_\_\_

Tel. Mobile (parent/guardian): \_\_\_\_\_

Email (parent/guardian): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Tel.: \_\_\_\_\_

**Important Medical Information:**

\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to be in photographs/videos that may appear on promotional material such as leaflets, banners and the North Down Tennis Academy Web pages. (please circle)

Yes

No

\_\_\_\_\_ (Signature of legal guardian) \_\_\_\_\_ (Date)

In order to comply with the child protection guidelines of Helen's Bay Tennis Club and Ulster Tennis it is recommended that at least one adult in addition to the coach must remain at the Club while the squad coaching is taking place.

As legal guardian I will coordinate with other parents/guardians to ensure that there will always be at least one adult in addition to the coach that will remain at the Club while the squad coaching is taking place.

\_\_\_\_\_ (Signature of legal guardian)

**Contact Details:**

Michael Heaslip (PTR Qualified Tennis Coach) - 07714090307

Email - [northdowntennisacademy@gmail.com](mailto:northdowntennisacademy@gmail.com)

**[www.northdowntennisacademy.com](http://www.northdowntennisacademy.com)**

