

REGISTRATION FORM

Child's Name:		
Age:		
School:		
Address:		
Post Code:		
Contact Numbers:		
Email:		
Parent/Guardian:		
Medical Conditions:		
Permission to apply plasters: Yes /No		
cheque (made out to Mr 1 139 CLAPHAM ROAD, LO Advanced bookings are e	Tony) on 07799 037581, ema Tony Barratt) /cash to 360 D ONDON,SW9 0AF. Upon red ncouraged, as children can n refundable, although in th or the next course.	il Tony@360degreestennis.com or return registration form with EGREES TENNIS ACADEMY, FLAT 304, THE PRINTWORKS, ceipt everyone will be notified of the childs place on the course. turn up on the day, but no place is guaranteed, as numbers are e event of illness or severe weather conditions, a credit will be eayable to Tony Barratt.
all the information set forth loss or damage to my chil	m and completed the details h. I acknowledge and accep lds property or sports injurie	s to the best of my knowledge and will ensure in I comply with t that 360 Degrees Tennis and it's staff shall not be liable for any s/accidents that my occur to my child. child to be given emergency medical treatment in my absence if
SIGNATURE OF PARENT	Γ/GUARDIAN:	DATE: