APRIL TENNIS CAMP ENROLMENT FORM

(Please clearly print all details. Thank you)

CHILDS NAME/S: 1._____ **D.O.B:**_____

2._____ **D.O.B:**_____

3._____ **D.O.B:**_____

PARENTS NAME/S:_____

ADDRESS:_____

CONTACT NO/S:_____ _____

EMAIL:_____

ANY MEDICAL CONDITIONS:_____

_____

_____

IS BEFORE OR AFTER CAMP CARE REQUIRED? ☐ YES ☐ NO

If yes, please tick: ☐ Before camp care - drop off time:_____ ☐ After camp care - pick up time:_____

Which day/s do you require: ☐ MON ☐ TUES ☐ WED ☐ THURS ☐ FRI

PLEASE TICK THE APPROPRIATE BOX/S:

☐ **WEEK 1:** Tuesday 6th - Friday 9th April (4 DAYS DUE TO EASTER MONDAY)

☐ **WEEK 2:** Monday 12th - Friday 16th April

FULL WEEK OPTIONS: ☐ **FULL WEEK - 9am-12:30pm** ☐ **FULL WEEK - 9am-3pm**

OR CHOOSE YOUR DAY/S & TIME/S: ☐ **MON** ☐ **TUES** ☐ **WED** ☐ **THURS** ☐ **FRI**

☐ **9AM - 12:30PM** ☐ **9AM - 3PM**

PAYMENT METHOD: ☐ **CASH** ☐ **CHEQUE -** made out to Goodwin's Tennis Academy

☐ **CREDIT CARD -** Card Type: (Please tick) ☐ VISA ☐ MASTERCARD

CARD NO.:_____ EXPIRY:_____ CCV:_____

NAME ON CARD:_____

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I, being the parent or legal guardian of the above-named, take full responsibility for my child/children whilst attending this camp and understand that Goodwin's Tennis Academy will do the utmost for their care.

Signed: _____

I give permission to Goodwin's Tennis Academy to take and release any photos of my child for their website, Twitter account, Facebook account and Instagram page.

Signed: _____