



# GREENACRES TENNIS CLUB INC.

## 'Home of the Dragons'



Member Registration Form	
Title:	
First Name:	
Last Name:	
Gender:	
Date of Birth:	
Mobile Phone:	
Email Address:	
Address:	
Suburb:	
State:	
Postcode:	
Emergency Contact Details	
Full Name:	
Contact Phone:	
Relation:	
<b><i>It is ESSENTIAL to provide current email/phone contact information for both you and your emergency contact. Please notify the GTC Secretary of any changes</i></b>	
Player Medical Conditions	
Do you have any medical conditions that the club needs to be aware of? Please tick	
If Yes, please specify:	
AGREEMENT	
<p>I agree that I, named above, will play for Greenacres Tennis Club Inc in the _____ Season and agree to pay the registration fee by the due date. I agree to play for the whole season (barring injury or illness) and abide by the constitution and by-laws of the Greenacres Tennis Club Inc and Tennis SA.</p> <p>In signing this membership agreement, I accept that personal injury is not covered by Greenacres Tennis Club and I use the facilities at my own risk.</p> <p>I have read and received a copy of the GTC Code of Conduct</p> <p>SIGNATURE: _____ DATE: _____</p>	

\*All correspondence is sent to members via email. Please email [greenacrestc@gmail.com](mailto:greenacrestc@gmail.com) with any change to contact details\*

\*\*All GTC Policies can be found on our website – [www.greenacrestennisclub.com](http://www.greenacrestennisclub.com) \*\*

