



GREENACRES TENNIS CLUB INC.

'Home of the Dragons'



Junior Registration Form – Summer 2019/20

First Name:	
Last Name:	
Gender:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Date of Birth:	

Address

Address :	
Suburb:	
State:	
Postcode:	

Parent / Guardian Details

Full Name:	
Mobile Phone:	
Email Address:	
Relation:	

It is ESSENTIAL to provide current email/phone contact information and notify the coordinator of any changes

Player Medical Conditions

Does the player have any medical conditions the club needs to be aware of? Please circle: Yes / No

If Yes, please specify:

Dietary Requirements

Does the player have any special/specific dietary requirements? Please circle: Yes / No

If yes, please specify:

CONSENT

I consent to my child, named above, to play for Greenacres Tennis Club Inc for the Summer 2019/20 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, North East Tennis Association Inc and Tennis SA.

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.

I have read and received a copy of the GTC Code of Conduct Yes No

PARENT / GUARDIAN'S SIGNATURE: _____ DATE: _____

Photo Consent – do you agree to your child’s image being on the GTC media sites and Newsletters? (please circle and initial)	Yes / No
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**All GTC Policies can be found on our website – <https://greenacrestc.wixsite.com/greenacrestc>*

