

Tennis Group Coaching

NEW PLAYER

REGISTRATION TERM 20....



Please complete all sections

PLAYER NAME: _____

DATE OF BIRTH: _____

PARENT/ GUARDIAN: _____
(If Under 18years)

GENDER M F

CONTACT DETAILS

ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

EMAIL: _____

EMERGENCY CONTACT

NB Not Primary Parent. We will always endeavour to contact listed parent first.

NAME: _____

R'SHIP: _____

PHONE: _____

MEDICAL INFORMATION

Is there any medical information that we should be aware of?

NO YES If yes please give details _____

Please tick box if you **DO NOT** wish for your child's photo to be used in mpowerdome promotions (inc. website)
(If the box above is not ticked; you have given permission for your child's photo to be used for promotional purposes).

mpowerdome member

A signed registration form and full payment is required to confirm your booking.

GROUP: _____

DAY: _____

TIME: _____

How did you hear about mpower_{dome} coaching programs? Please Circle

Drop In Flyer Friend Phone Previous Program School Programs/advertising
TV Showbag Website Yellow Pages Newspaper _____ Other _____

Player/Parent Declaration: In signing this form, I/we understand that:
I/we participate at mpowerdome at my/our own risk;
I/we take full responsibility for personal injuries that may arise directly or indirectly from my/our participation and indemnify mpowerdome against any legal action;
I/we take full responsibility for personal property.

X

PLEASE PRINT NAME

SIGNATURE

DATE

PTO For Contractual Details

6298 5500 | 56 Coyne Street FADDEN ACT 2904 | www.mpowerdome.com.au