



# ENROLMENT FORM

## PARENT or ADULT PARTICIPATION DETAILS

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_ Home Ph: \_\_\_\_\_  
Email: \_\_\_\_\_  
Playing Standard, If applicable (Beginner, Intermediate, Advanced): \_\_\_\_\_  
Lesson Type, Day & Time: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Are you a Hurlingham Park Tennis Club Member? \_\_\_\_\_

## STUDENT DETAILS

(1) Child's Name \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
D.O.B: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Lesson Type, Day & Time: \_\_\_\_\_  
Any Known Medical Conditions: \_\_\_\_\_

(2) Child's Name \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
D.O.B: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Lesson Type, Day & Time: \_\_\_\_\_  
Any Known Medical Conditions: \_\_\_\_\_

(3) Child's Name \_\_\_\_\_ Gender (M/F): \_\_\_\_\_  
D.O.B: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Lesson Type, Day & Time: \_\_\_\_\_  
Any Known Medical Conditions: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

*I have read, understood and accept the policies of RM Tennis.*

*I agree that myself and my child/children will adhere to the RM Tennis policies which can be found in full at [www.rmtennis.com.au](http://www.rmtennis.com.au) and can be updated from time to time.*

*I authorise the RM Tennis coach in charge to seek medical treatment in the case of an emergency. RM Tennis will not be held accountable for any injury, illness and costs incurred while undertaking a program or event and I agree to release RM Tennis from any and all liability as such.*

*I agree that photo/video footage of a student in any program can be used for promotional purposes on the RM Tennis Website, social media platforms and forms of advertising unless indicated in writing to [regan@rmtennis.com.au](mailto:regan@rmtennis.com.au)*

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_