

HACKNEY CITY TENNIS CLUBS LTD

Tennis Office, Clissold Park Mansion House,
Stoke Newington Church Street, London N16 9HJ
Tel: 020 7254 4235 Email : info@hackneycitytennisclubs.co.uk

JUNIOR BOOKING FORM

Name of child _____ D.O.B _____

Address _____ Post code _____

Email _____

School _____ Name of parent/carer _____

Tel: _____ Emergency Contact no. _____

Course Code _____ Day _____ Time _____

Course/session venue _____ Course Title _____

Fee enclosed _____ Please make cheques payable to **Hackney City Tennis Clubs Ltd**
and return to the above address

You only need to complete this section of the form **once**.

· Does your child have a disability? Yes No

If yes, please give details _____

· Does your child have any specific medical problems requiring medical treatment and/or medication?

Yes No

If yes, please give details _____

· Please circle your ethnicity:

White

British
Irish
Other

Mixed

White & Black Caribbean
White & Black African
White & Asian
Other

Asian or Asian British

Indian
Pakistani
Bangladeshi
Vietnamese

Black or Black British

Caribbean
African
Other

Any Other Ethnicity

Turkish
Greek
Jewish
Other

Chinese

Chinese
Other

Photographs:

I acknowledge that certain activities may involve my child being photographed or filmed purely for archive or promotional use and, therefore, agree to contact the Tennis Office should I disagree with

Data Protection:

Please tick the box if you do **NOT** wish to receive information about other courses/events

Signature _____ (consent by parent/carer) Date _____

Terms and conditions of booking are displayed in the Tennis Office

HACKNEY CITY TENNIS CLUBS LTD

Tennis Office, Clissold Park Mansion House,
Stoke Newington Church Street, London N16 9HJ
Tel: 020 7254 4235 Email : info@hackneycitytennisclubs.co.uk

JUNIOR BOOKING FORM

Name of child _____ D.O.B _____

Address _____ Post code _____

Email _____

School _____ Name of parent/carer _____

Tel: _____ Emergency Contact no. _____

Course Code _____ Day _____ Time _____

Course/session venue _____ Course Title _____

Fee enclosed _____ Please make cheques payable to **Hackney City Tennis Clubs Ltd**
and return to the above address

You only need to complete this section of the form **once**.

· Does your child have a disability? Yes No

If yes, please give details _____

· Does your child have any specific medical problems requiring medical treatment and/or medication?

Yes No

If yes, please give details _____

· Please circle your ethnicity:

White

British
Irish
Other

Mixed

White & Black Caribbean
White & Black African
White & Asian
Other

Asian or Asian British

Indian
Pakistani
Bangladeshi
Vietnamese

Black or Black British

Caribbean
African
Other

Any Other Ethnicity

Turkish
Greek
Jewish
Other

Chinese

Chinese
Other

Photographs:

I acknowledge that certain activities may involve my child being photographed or filmed purely for archive or promotional use and, therefore, agree to contact the Tennis Office should I disagree with

Data Protection:

Please tick the box if you do **NOT** wish to receive information about other courses/events

Signature _____ (consent by parent/carer) Date _____

Terms and conditions of booking are displayed in the Tennis Office

