Woodside Warriors Tennis ClubSeason 2016/17 Registration Form



Family Name _		_	
First Name _	M / F please circle		
D.O.B	Age as at 1/10/16		
Tennis SA Num	ber if played before		
Years Played_	Div last Year	Position	
Parents Names	S		
Address			
Phone			
Mobile			
Email			
	PHOTOGRAPH PERM	ISSION	
I		nission for club members or	
officials to take te		(child's name) and for	
those photograph	ns to be used for promotion of	the Woodside Warriors Tennis	
Club, including or	n the Club Website and Faceb	000K.	
Signature			
Oignature			
COI	DE OF CONDUCT & CHILD	SAFETY POLICY	
I am aware that th	e Woodside Tennis Club's Co	de of Conduct and Child Safe	
Policy is available	to access via the Clubs Webs	site.	
Signature			
	MEDICAL CONS	ENT	
In the event of my	y child being injured and requi	ring medical attention an	
ambulance may b	be called and I accept respons	sibility for any medical expenses	
incurred.			

Signature _____

MEDICAL INFORMATION

Any significant conditions or allergies Y/N If yes, details and treatment required:

Ambulance Cover	Yes / No	
Doctors Name: Phone Number:		
Emergency Contact:		
Phone Number:		
	FEES	
Social (\$75)		
Senior (\$115)		
Student (\$100)		
Orange Ball: fu	II season (\$130)	
Full Junior	(\$160)	
l will pay onl	line	
Acco	Bank: Bank SA BSB: 105057	ıb
	Account #: 028312940	2016
Players who are not finan	for and Senior Fees is 29th Octobacial members of the club by this date es until subs are paid. In the case of payment.	will not be eligible to
I agree to accept re	esponsibility for payment of	my child's fees as
detailed above.		
Signature		