

# Coaching Booking Form

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## Child's Details

Child's Details – Please supply details of the coaching attendee below	
Name:	DOB:
Address:	
Home Tel:	Emergency Tel:
e-mail:	
Day Attending:	Time Attending:
Any medical conditions and/or dietary requirements that the coaching team should be aware of	

## CONSENT

I understand and accept that Hampton-In-Arden Sports Club and its servants cannot accept any liability in respect of loss or damage to equipment or personal belongings or personal injury (unless caused by our negligence).

By signing below I agree that the above details shall be held on file and computer and for those contact details to be available to authorised club members, should we need to contact you regarding your child's membership, coaching, other playing opportunities or for club social purposes. I understand that these details will not be passed outside the club.

I give consent to my child's photograph/video being taken and used for marketing and publicity purposes (in documents or social media) YES/NO

Please wear appropriate sportswear and tennis trainers + bring a drink of water in an appropriate container

Contact: Ian Poole (07968 451956) ([lanpoole23@yahoo.co.uk](mailto:lanpoole23@yahoo.co.uk))

Name Parent/Guardian			
Signature of Parent/Guardian		Date	