

**Marcin  
Tyner  
Coaching**



**Scone Tennis Club**

## Autumn 2018 Tennis Camp

### Contact Form

Name ..... Home/mobile .....

Date of birth .....

Address .....

.....

..... Postcode .....

BTM Number (if known) .....

Email .....

(Please include email addresses, as this will be the primary means of contact)

The information you provide will be kept securely and in confidence and specific information contained within the medical and disability declarations will be restricted to the club committee and club coach and will only be used in the event of illness/accident. The Child Protection Officer at Scone Tennis Club is Ian Hunter – 07786 637361.

#### MEDICAL DECLARATION

Please detail any medical conditions, special care needs, dietary requirements, or allergies that you feel the coach and club committee should be aware of.

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#### EMERGENCY CONTACT

Emergency contact details (name/contact number) in the event of illness/accident.

Name/relationship..... Contact number .....

#### PARENT/GUARDIAN DECLARATION (if the child is under 18 years of age)

By signing this form, I agree to .....(child's name) taking part in the general activities of the coaching session at the club. He/she has agreed to follow the junior rules of the club, and I agree to accept the code of conduct for parents. To my knowledge, he/she has no special care needs, dietary requirements, allergies or medical conditions that could affect his/her safety at the club, other than those declared on this form.

I understand that in the event of any injury, illness or other medical need, all reasonable steps will be taken to contact me, and to deal with the situation appropriately. I also give my consent for my child to be involved in any publicity (photographs, video or TV footage).

Signature ..... Date .....

(Signature of parent / guardian)