

Account Holder (Responsible Person)

First Name : _____ Surname : _____

Address : _____

Mobile : _____ Work Ph : _____ Gender : M / F

Email : _____

Child Details

Child Name : _____ DOB : ____ / ____ / ____ Gender : M / F

Allergies/Medical Conditions : _____

Child Name : _____ DOB : ____ / ____ / ____ Gender : M / F

Allergies/Medical Conditions : _____

Child Name : _____ DOB : ____ / ____ / ____ Gender : M / F

Allergies/Medical Conditions : _____

Anything else to note, please provide details : _____

Please tick which camp your child will attend

Options					Sub total
Camp: #1 - 6 to 9 April		#2 - 12 to 16 April			
Full Week Full Day \$240 (Camp 1)	☐	Full Week Full Day \$275 (Camp 2)	☐	Full Week Half Day \$220	☐
Full Day \$70	☐	Half Day \$505	☐		
Mon ☐	Tue ☐	Wed ☐	Thu ☐	Fri ☐	
					Total

Acknowledgment

I hereby agree that Sydney Sports Management Group Pty Ltd trading as North Sydney Tennis + Fitness, its directors and employees are released absolutely from all responsibility for injury, damages, illness, accident, death or loss of property howsoever arising which may occur to my child at any time during tennis camps and hereby agree to indemnify to Sydney Sports Management Group Pty Ltd from and against all liability damage claims, actions and costs of defending such claims and actions whatsoever in respect thereof.

I also agree:

That my child/children may be transported to alternate venues

I give permission:

That my child/children image may be photographed or videoed for marketing purposes

☐ NO

☐ I acknowledge that I have read and understood the acknowledgment

Full Name

Signature

Date