



TENNIS REGISTRATION FORM

2018

ISO 9001 : 2015

Player's Full name: _____

Date of Birth: _____ Age: _____

Address: _____

E-mail: _____

Telephone: _____

Gender: _____

Parent/Guardian: _____

Current School/Club: _____

Nationality: _____

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or persons in charge to take my child to the nearest medical facility.

Player's physician: _____ Physician's Tel: _____

Any know medical problems/allergies: _____

Tennis Training Guidelines:

1. Progression of every individual participant is unique and positive parental support is encouraged in helping players where necessary.
2. 30 minutes lessons are undertaken in small ability groups for children under 5 years, and 1 hour for 6 years and over depending on ability
3. Fees once paid should be utilized within 3 months. No credit will apply thereafter
4. In case of a cancellation, only 50% of the amount paid will be reimbursed
5. Parents are requested to avoid interference during coaching unless for safety reasons or on request from the coach.
6. First Aid and evacuation will be provided by ESS
7. The coach/ Swim Africa use photos of players, staff and visitors in promotional materials including website. I hereby grant full permission to use photographs, motion pictures, recording and any other records of events for any legitimate purposes including commercial advertising.
8. Charges are inclusive of VAT.

Charges:

Single lessons	KShs 1,500
10 lessons	KShs 12,000
20 lessons	KShs 20,000
Term	KShs 25,000

I agree to abide by above stated guidelines.

Signature of the parent/ Legal Guardian: _____ Date: _____

Although every effort is made in ensuring the safety of the player, the organizer and/or Montessori Learning Center takes no responsibility of any injuries or loss

incurred during the program.

