



Junior Medical Form

Child's Name: _____

Parent's Name: _____

Email Address: _____

Emergency Contact Number: _____

Home Telephone: _____ Mobile: _____

Child's Date of Birth: _____ Age: _____ Male/Female/Other (please circle)

School: _____ Year: _____

Any Special Needs/Medical Conditions: _____

Please familiarise yourself with the Covid Guidelines on www.OnTheBallTennis.co.uk
If you have any Covid symptoms please do not attend the tennis sessions and advise the coach as soon as possible. A full refund will be returned.

Please indicate below which sessions your child attends by checking appropriate boxes.

- | | |
|--|---|
| <input type="checkbox"/> Saturday Morning Drop-ins | <input type="checkbox"/> After School Club Course |
| <input type="checkbox"/> Holiday Camps | <input type="checkbox"/> Private Lessons |

Parent's Signature: _____ Date: _____

Please return this form to info@OnTheBallTennis.co.uk before attending your first session.