



Details of Person Responsible for Payment

Mr/Mrs: (Name) _____

(Surname) _____

ID number: _____

Residential Address: _____

Postal Address: _____

Telephone number:

Father: _____ Mother: _____

(Home) _____ (Home) _____

(Work) _____ (Work) _____

(Cell) _____ (Cell) _____

(E-mail) _____ (E-mail) _____

Contact detail of next of kin:

Learner Details

1) Name _____

Surname _____

Date of Birth _____

School _____

Grade _____

2) Name _____

Surname _____

Date of Birth _____

School _____

Grade _____

Medical

Medical Aid: _____

Medical Aid Number: _____

Dependent name and code: _____

Dependent name and code: _____

Dr Name and Telephone number: _____

Preferred hospital: _____

Does the learner have any medical condition that we need to be aware of?
For example: Diabetes, Asthma?

Prescribed medication:

Any special notes.

- I do not under any circumstances hold Advantage Tennis or any employee of Advantage Tennis responsible for any loss or injury that may be incurred by me, my child, or children during such time that the said person is under the instruction of Advantage Tennis.
- I do not under any circumstances hold Randburg Tennis Club responsible for any loss or injury that may be incurred by me, my child, or children during such time that we are on the property.
- I **DO/DO NOT** give permission that photo's, statements, audio/visual recordings, may be taken of my child and may be used free of charge and at the discretion of Advantage Tennis as part of their marketing, communication and fundraising campaigns.
- I agree that the contact details given are correct and that I will receive all notices & communications to the address given.
- I also agree that should the contact details change, I will let Advantage Tennis know immediately.

I, _____ the Parent/Guardian
of _____

Confirm that I have read and clearly understand the terms and conditions referred to herein.

Signed at _____

Date: Day _____ Month _____ 20 _____

Signature

Name in Print