



WINDSOR TENNIS CLUB

JUNIOR TENNIS SQUADS

| | | | |
|-------------------|--------|------------|--|
| Name of child: | | DOB: | |
| Address 1: | | | |
| Address 2: | | | |
| City: | | Post code: | |
| * Name of Parent: | | | |
| * Phone/ Mobile: | Phone: | Mobile: | |
| * email address: | | | |

* Mandatory – will only be used in case of emergency, squad cancellation, changes / updates

Please indicate the times you would be available to attend coaching with an "X"

| | Mon | Tues | Wed | Thurs | Fri* |
|------------------|-----|------|-----|-------|------|
| 2.30 - 3.15 Mini | | | | | |
| 3.15 - 4.00 Midi | | | | | |
| 4.00 - 5.00 U14 | | | | | |
| 5.00 - 6.30 U18 | | | | | |

| | Sat |
|---------------|-----|
| 11.00 – 12.00 | |
| 11.00- 12.00 | |
| 12.00-1.00 | |
| 1.00-2.30 | |

* Friday U-18 Squads are 6:00 – 7:00pm

Please note: Sessions are 10 weeks long

(45mins) = £45 members & £65 non-members

(1 hour) = £60 members & £85 non-members

(90mins) = £75members & £100 non-members

NB: As spaces are limited, members will be given priority.

| | | | | | | | |
|---|--|------------------|--|-------------------|--|---------------------|--|
| List any medical conditions which may affect your child during coaching sessions: | | | | | | | |
| <i>Tick boxes</i> | | | | | | | |
| Physical disability | | Hearing impaired | | Partially sighted | | Learning disability | |

Parent

Signature: _____ Date: _____

To reduce administration costs, forms will not be accepted without payment. Your child will not be allowed to enter the Squads if the appropriate fees have not been paid. Appropriate Tennis shoes and clothing must be worn on Court.

PAYMENT MUST ACCOMPANY THIS FORM - CHEQUES TO BE MADE PAYABLE TO 'WINDSOR LTC'

Contact: 02890 665188 email: simon@windsortennis.co.uk www.windsortennis.co.uk