

**LITTLE ACES REGISTRATION FORM**

**SUMMER TERM 2019**

*Please complete the registration form asap and email back to* *emma@littleacestennis.co.uk*

*Please note that your place will not be confirmed until full payment has been made. Any questions, please contact Emma 07766 386345*

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| --- | --- |
| Day of Class: |  |
| Class Time: |  |
| Name: |  |
| Date of Birth: |  |
| Age at First Lesson: |  |
| Address: |  |
| Emergency Contact Name: |  |
| Emergency Contact Number: |  |
| Email Address: |  |
| Does your child suffer from any medical condition requiring treatment? If so please give details: |  |
| Do you give permission for your child to be photographed for use on promotional materials or the website?  |  Yes/No *Please circle* |