## Rogers Tennis Academy Enrolment Form



#### **Player Details**

| Player 1  |                            |                   |  |  |  |  |  |
|---|----------------------------|-------------------|--|--|--|--|--|
| Full Name:  |                            |                   |  |  |  |  |  |
| DOB:  | Gender: Male Female        |                   |  |  |  |  |  |
|   | Player 2                   |                   |  |  |  |  |  |
| Full Name:  |                            |                   |  |  |  |  |  |
| DOB:  | Gender:                    | : Male 📗 Female 🗌 |  |  |  |  |  |
|   | Contact Details            |                   |  |  |  |  |  |
|   | Primary Parent/Guardian Co | ontact Details    |  |  |  |  |  |
| Full Name:  | Signature of consent:      |                   |  |  |  |  |  |
| Mobile Phone:   | Work Phone:                | Email:            |  |  |  |  |  |
| Relationship to chi   | d:                         |                   |  |  |  |  |  |
| Address:  |                            |                   |  |  |  |  |  |
| Secondary Parent/Guardian Contact Details                         |                            |                   |  |  |  |  |  |
| Full Name:  |                            |                   |  |  |  |  |  |
| Mobile Phone:   | Work Phone:                | Email:            |  |  |  |  |  |
| Relationship to chil  | d:                         |                   |  |  |  |  |  |
| Address:  |                            |                   |  |  |  |  |  |
|   | Emergency Contact D        | Details Details   |  |  |  |  |  |
| Full Name:  |                            |                   |  |  |  |  |  |
| Mobile Phone:   | Work Phone:                | Email:            |  |  |  |  |  |
| Relationship to chil  | Relationship to child:     |                   |  |  |  |  |  |
| Address:  |                            |                   |  |  |  |  |  |
| Applicant's signature or parent/guardian if under 18 years: Date: |                            |                   |  |  |  |  |  |
|   |                            |                   |  |  |  |  |  |
| FOR OFFICE USE ONLY   |                            |                   |  |  |  |  |  |
|   | Lesson Day                 | Lesson Time       |  |  |  |  |  |
| Player 1  |                            |                   |  |  |  |  |  |
| . ,   |                            |                   |  |  |  |  |  |
|   | <del> </del>               |                   |  |  |  |  |  |

Player 2

## **Rogers Tennis Academy**

### **Medical Information**



| Family Doctor Name:   |
|---|
| Medical Centre Name:  |
| Phone:  |
| Does your child have any allergies, medical conditions, anaphylaxis, medical emergency requirements or take regular medication that we should know about? If Yes, please list:                    |
| General Information   |
| Does your child have any other additional needs/requirements that we should know about? Yes / No If yes, please specify:  |
| Does your child have any additional dietary needs? Yes / No If yes, please specify:   |
| Any other information you would like us to know about your child and their family? Please specify:  |
|   |
| All enrolled families will need to accept the 2022 Policies and Procedures and Code of Conduct. A copy of these forms along with our Media Release Policy are listed online.  (*) Mandatory Field |
| By enrolling at RTA you are in agreeance with our Policies and Procedures and Code of Conduct.  |
| * I agree to all Term and Conditions and Code of Conduct information set out by Rogers Tennis Academy.  I Agree   |
| * Do you consent to all Media Release Information set out by Rogers Tennis Academy.  I Agree  I Disagree  |



#### **Membership Application Form**

#### **Mackay Tennis Association Inc**

ABN: 52 070 010 858

125 Kippen Street | PO BOX 878, Mackay mackaytennis@hotmail.com

www.mackaytennis.com

#### **Member Details:**

| Name *  |  | Date of E | Birth * |          |  |
|---|--|-----------|---------|----------|--|
| Address *   |  | Suburb    |         | Postcode |  |
| Postal  |  | Suburb    |         | Postcode |  |
| address   |  |           |         |          |  |
| Phone *   |  | Gender:   | Male 🗌  | Female   |  |
| Email *   |  |           |         |          |  |
| Is there any way you can assist the club as a volunteer? Yes / No |  |           |         |          |  |
| Applicants signature or parent/guardian if under 18 years: Date:  |  |           |         |          |  |

#### Membership:

Become a member of Mackay Tennis Association Inc and access a great range of benefits including:

• Discounted Court Hire @ Club Rates

- Personal Accident Insurance
- Access to set discounted court hire "specials"
- Access to friendly organised & social fixtures

| Category                          | Fee                                  | Tick | What you get   |
|-----------------------------------|--------------------------------------|------|--|
| Club Member                       | \$120 / year<br>or<br>\$100 / 6 mths |      | All club and Tennis Queensland benefits including personal accident insurance. You will receive discounted "Club" court hire, special court hire and organised club fixtures.  |
| Social Member                     | \$50                                 |      | All club and Tennis Queensland benefits including personal accident insurance. You will receive discounted "Social" court hire, access to social fixtures and social fun days. |
| Junior Member<br>(under 18 years) | \$20                                 |      | All club and Tennis Queensland benefits including personal accident insurance & discounted "Club" court hire and special court hire.   |

Please note: as a member of Mackay Tennis Association Inc. you are bound by a number of policies that protect our club, the game and its stakeholders. By joining this tennis club you agree to all conditions.

#### **Payment:**

# Payments methods include cash & cheque or EFT details below. Direct deposit details Account name: Mackay Tennis Association / Westpac BSB: 034-195 / Account No: 626 120 Description: Please include your surname and use the abbreviation "MSHIP" so your payment is traceable. Please also send an email to mackaytennis@hotmail.com and advise of your payment. Please make cheques payable to Mackay Tennis Association

Please forward completed membership application forms to:

Mackay Tennis Association Inc PO BOX 878, Mackay QLD 4740 Or alternatively, visit our complex.

#### Office use only

|            | <u> </u> |            |             |  |
|------------|----------|------------|-------------|--|
| Date paid: |          | TQ Reg No: | Receipt No: |  |

<sup>(\*)</sup> Mandatory Field