

2021 REGISTRATION FORM

Name:

Address:

Phone #:

Birthdate:

Medical Conditions/Allergies:

E-mail:

Payment is due on day of attendance: Please pay to:

Inclusive Tennis CIC

Acc: 45119807

Sort: 608371

CONSENT AGREEMENT: I am fit to participate in the Tennis Activity. The Staff have my permission to act in any emergency in my best interest. Permission is also given for the use of photos and videos on the Company website, Facebook page, or other advertising. If there are concerns, please let us know.

Signature: Date:

Print Name: