



WOLDINGHAM

TENNIS CLUB

Medical and Essential Information

Childs Name: _____

Childs age & date of birth: _____

Parent/Guardian Name: _____

Email Address: _____

Telephone Number: _____

Confirm that you have read our imagery policy: _____

Can we put photos which may have your child in them on the club website?

Yes	No
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Please supply your child with a drink and snack

If your child is unable to go to the toilet unattended, please remain throughout the session, if you pass this responsibility onto another parent, please let us know in writing.

Further Information

Please tick the relevant box(es) and provide details of any dietary requirements, medical conditions, disabilities or special educational needs (SEN).

<input type="checkbox"/>	Allergy	Please provide additional information:
<input type="checkbox"/>	Hearing Impairment	
<input type="checkbox"/>	Learning Difficulty	
<input type="checkbox"/>	Long-Term Illness/Condition	
<input type="checkbox"/>	Special Dietary Requirement	
<input type="checkbox"/>	Physical Impairment	
<input type="checkbox"/>	Mental Health Condition	
<input type="checkbox"/>	Sight Impairment	
<input type="checkbox"/>	Other Information	
<input type="checkbox"/>	None to Declare	

Signed parent/guardian: _____

Print name: _____