

Tennis Chesterfield Coaching Registration Form

Player Details

Name _____ DOB _____

Title _____ Preferred Name _____

Address _____

_____ Post Code _____

Parent's Name (if player is under 18) _____

Telephone Numbers:

Home _____ Mobile _____ Emergency _____

Email _____

Club Member Non-Member Club.....

Please tick box to give consent to store medical details.

Medical Information _____

Consent for Marketing

Please tick to confirm you are willing to be contacted about additional events and services Tennis Chesterfield may offer.

Tick to allow contact via email. Tick to allow contact via SMS. Tick to allow contact via phone.

Terms and Conditions

*Please tick to confirm you have read and accepted our Terms & Conditions, which include how your data will be processed.