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**TENNIS COACHING BOOKING FORM – October 2020**

**Dates: *Please tick all relevant boxes***

* Tuesday 27th October 🗆 2pm – 3pm 🗆 or 3pm – 4pm 🗆
* Wednesday 28th October 🗆 2pm – 3pm 🗆 or 3pm – 4pm 🗆

**Cost £2.50 per session including VAT**

Age 6 – 11 years old

Please tick which sessions you wish to book including the times

Loughton Town Council

Loughton Library & Town Hall

Traps Hill

Loughton

Essex IG10 1HD

Tel: 020 8508 4200

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| **Parent / Guardian Details** |

Full Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Post Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Children’s Details** |

1. Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_

Any known medical conditions: Yes/No Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they take regular medication: Yes/No Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_

Any known medical conditions: Yes/No Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they take regular medication: Yes/No Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:\_\_\_\_/\_\_\_\_/\_\_\_\_ Age:\_\_\_\_

Any known medical conditions: Yes/No Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do they take regular medication: Yes/No Please provide details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Emergency contact Details: (other than parent/guardian listed above)** |

1. Full Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Full Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Coach from Lawn Tennis Association is DBS checked and First Aid Trained**

**DATA PROTECTION POLICY**

Loughton Town Council only undertakes processing of personal data necessary to perform the contract for services with you. Our Data Protection Policy Statement forms part of the agreement and includes the binding obligations on us covering the duration, nature and purpose of the processing and your rights; copies are available on request from the Town Council or available on our website: <https://tinyurl.com/y8sxohqs>

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| **Terms and Conditions** |

* **General** – all participants should wear appropriate clothing and footwear **(NO FLIP FLOPS)** and bring bottled water. If the weather is hot please ensure your child has suitable protection.
* **Lateness policy** – if the participant is late for a session, the session cannot be extended and will end at the scheduled time.
* **Refunds** – should a child miss a session for whatever reason, unfortunately we won’t be able to issue a refund.
* **Cancellation** – cancellation or non-attendance, no refund.
* **Weather Policy** – in the event of poor weather conditions a session may be cancelled. Note that the courts drain very well and we will play in rainy conditions if possible, so please provide your child with suitable attire.

If the coach responsible for the session believes that it would be unsuitable for the children's health and safety, the session will be cancelled.

If a session is cancelled prior to the starting time of the session, the participants will be notified by means of a message to the registered mobile phone or email address. Please ensure that we have the appropriate mobile or email address.

If the session is cancelled or interrupted due to bad weather conditions **within** the first 15 minutes of the session, we may be able to reschedule at no additional cost.

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| **Confirmation of Enrolment and Acceptance of Terms and Conditions** |

Should my child/children require first aid or emergency medical treatment whilst participating in the coaching programme I/we hereby authorise and consent to such treatment as deemed necessary. *Please ensure you have indicated any specific medical conditions that the coach should be aware of on this form.*

Unless I/we have expressly notified Loughton Town Council in writing otherwise, I authorise Loughton Town Council to use images and/or video footage of my child/children’s for promotional purposes only. e.g. Website, flyers. *Please ensure you have notified us in writing if you do not wish your child/children’s image to be used otherwise we will assume you have no objection.*

**DECLARATION:**

* I confirm that the details given above are correct.
* I have read the Terms and Conditions on this form and agree to abide by these Terms and Conditions as laid down by Loughton Town Council and any such reasonable conditions as may be introduced by the Council.
* I agree by signing below that the Town Council may process my personal information for providing information to me and corresponding with me. Our Data Privacy Notice can be read here: <https://tinyurl.com/y8sxohqs>

Full Name (please print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For office use

|  |  |
| --- | --- |
| Amount due |  |
| Name of Payer |  |
| Amount rec’d |  |
| Date rec’d |  |
| Banking ref. | R |
| Budget code | 1003/301 |
| Receipt No. |  |

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Payment: Cash or Chip & Pin ONLY

Please return the form with your cash payment for your

child/children’s place to the above address

C**hip & Pin** payment is also available.

Call 0208 508 4200 to make the necessary arrangements.