



REGISTRATION FORM

MEMBER INFORMATION

Name:

Home tel no:

Mobile no.:

Date Of Birth:

Address:

City:

ZIP Code:

School:

E-mail:

CTF ID / Health Certificate:

PARENT/GUARDIAN INFORMATION (FOR CHILDREN UNDER 18)

Name(s):

Home tel no:

Mobile no:

Emergency no:

E-mail:

Fax:

PERSONAL HEALTH QUESTIONNAIRE

It is important for us to know if there is any health problem which could harm in any way or put your life in danger, during tennis classes. Please state in detail if you are experiencing any health problems. Your information will remain strictly confidential.

Heart disease / disorder: yes / no

Epilepsy: yes / no

Stroke: yes / no

Asthma: yes / no

Diabetes: yes / no

Chronic bronchitis: yes / no

Hypertension: yes / no

Hypotension: yes / no

Musculoskeletal issues: yes / no

Any special medication:

Any other health problems:

SIGNATURES

I authorize the use of the information provided on this form by Max Tennis School for its activities. I have received a copy of the Fees and Regulations which I declare that I have read and accepted. I agree to assume full responsibility for any injuries or damages, known or unknown, which might incur as a result of participating in the activities of the Max Tennis School.

Signature of applicant / guardian:

Date:

Approved:

MaxID: