

ADULT Coaching with the Western Tennis Academy

Based at West Lakes Tennis Club
21 Edwin Street, West Lakes Shore (off Bartley Terrace)

Ph: Coordinator Dianne Smith 0422 419 545
Head Coach Shannon Cox 0439 992 557
Email: diannesmith339@gmail.com
Web site: www.westerntennisacademy.com.au



SCHEDULE:

Hot Shots Groups	Monday / Tuesday / Thursday Wednesday Friday	3.30pm – 4.30pm AND 4.30pm – 5.30pm 4.00pm – 5.00pm 4.30pm – 5.30pm
Adult Group Lessons	Wednesday	6.30pm – 7.30pm / Friday 9.15am – 10.15am
Private Lessons	As per request	
Cardio Tennis	Monday	7.30pm

Hot Shots Tennis Program – all classes 1 hour

Pre-School	Blue Ball Get ready, get set, GO! Sports Program for 3-5 year old with a tennis focus and development of motor skills
Beginners	Red / Orange / Green / Yellow Ball levels

Terms and conditions:

BOOKINGS:

Please contact the Academy on the above details to organise you or your child's lessons for the week/term.

CANCELLATIONS

Wherever possible we require 24 hours' notice for cancelling lessons. You are able to choose another day in the same week to make up the lesson.

COST: As there are various lessons and sessions available the cost of your chosen Session will be advised upon request.

Preferred method of payment is by EFT payment to the Tennis Coaching account:

BSB 085 210 ACC 973 114 450 Due prior to first lesson

Private Lesson is to be paid individually at the time of the lesson or by arrangement, if wishing to pay for a block of lessons.

WET WEATHER POLICY – You will be contacted whenever possible one hour prior to lesson time.

HOT WEATHER POLICY – If the temperature at the West Lakes Courts is above 37 degrees, the lesson will be cancelled. You will receive notification by social media one hour before lesson time. If you are in doubt, please call Dianne or Shannon for clarification on the day.

ADULT REGISTRATION



Details		Emergency Contact	
First Name:		First Name:	
Family Name:		Family Name:	
Mobile Contact:		Mobile Contact:	
Email:			
Home Address:			
I consent to receiving emails from Western Tennis Academy:		Yes: <input type="checkbox"/> / No: <input type="checkbox"/>	
1. Name:	DOB: _	M/F	
2. Name:	DOB:	M/F	

Medical Information - Please <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> relevant medical information for each			
Do any of these conditions apply?	Additional information		
Convulsions/seizures			
Asthma or chest problems			
Allergies (e.g. bee stings / nuts)		Medication required	Y / N
		Type:	
Diabetes		Anaphylactic Reaction?	Y/N
Vision or hearing problems			
Other relevant conditions			
Medications			

Medical Information and Permissions

Medical Privacy Statement: The medical information on this form will only be used for the purpose of providing medical details to authorised staff. The information will to be used or disclosed for any other purpose and will be held securely. The information will be provided to staff on a need to know basis only and the privacy of the individual will be respected.

I have attached a [Doctors Medication Treatment/Application Plan](#) for my child Yes / No / NA



PERMISSION IN MEDICAL EMERGENCY

As participant or as parent / guardian, I consent to receive first aid by West Lakes Tennis Academy Staff, and if necessary be transported to receive emergency care to preserve the health and wellbeing of myself.

I will be responsible for all associated charges. I consent for the emergency contact person listed on medical form (reverse side) to **ACT ON MY BEHALF** until I am available or in the capacity to be able to direct a course of action.

Name:

Signature:

_____ Date: ____/____/20____

PERMISSION TO TAKE AND USE PHOTOGRAPHS

The Coaching Staff at West Lakes Tennis Club would like to, on occasions take photographs of tennis related events and coaching to help promote the Business. These photographs of the students, both adults and children, may be used in a variety of media including the Tennis Coaching and West Lakes tennis Club website, Facebook and promotional flyers. We need permission to publish photographs. No photograph will knowingly be published without permission. Accordingly, I ask that you complete the form below and return it to us as soon as possible. Please note this permission form is valid for the duration of your or participation in the Tennis Coaching Programs at West Lakes. However, permission may be withdrawn at any time upon written notification. Thank you.

PERMISSION TO USE MY PHOTOGRAPHS

I do give **OR** **do not give**

permission for photographs of me and/or my child to be published in a variety of media including the Western Tennis Academy website, Facebook, newsletters and promotional flyers, and am aware that this may be accompanied by my child's first name.

Name:

Signature:

_____ Date: ____/____/20____