



# HOT SHOTS ENROLMENT FORM

## THURSDAYS 4:30PM

PARENT/CARER'S NAME

MOBILE NUMBER:

EMAIL ADDRESS::

CHILD 1 NAME:

DATE OF BIRTH:

MEDICAL CONDITION

CHILD 2 NAME

DATE OF BIRTH

MEDICAL CONDITION

Please tick the box if you are happy for you or your child/children's photos to be used on social media and/or the OHTC club website.

Yes

No

I am happy for my name and contact details to be passed on to the O'Halloran Hill Tennis Club so that I am able to receive information regarding upcoming events and programs at the club.

Yes

No

