



## CRICKHOWELL TENNIS CLUB COACHING COURSES

Club Coaching Programme runs 28<sup>th</sup> Jan -22<sup>nd</sup> Feb (4 wks) and 4<sup>th</sup> Mar - 12<sup>th</sup> April (6 wks)

**Termly payment is for 9 weeks of a 10 week term as one session is a free /or a rained off session. Payments should be made to Beacons Tennis Academy; and please pay by 31<sup>st</sup> Jan.**

Group	Age	Day & Time	Time	Member Cost	Non-Member Cost
				Term Total	Term Total
Doubles Tactics (Intermediate & advanced level)	N/A	Thursday	9.30 -10.30	£45	£55
Junior (Red/ Orange/ Green)	Age 7+	Wednesday	5.15-6pm	£36	£46
Junior Performance (2 yrs playing experience)	Age 12+	Wednesday	6-7pm	£45	£55
Adult Rusty Rackets	N/A	Wednesday	7-8pm	£45	£55

### Book & Pay (now possible online)

- For booking please contact Carys on 07525170667 to confirm that a place is available.
- **For payment please bring a completed form with a cheque made payable to 'Beacons Tennis Academy' / cash to your first session. For [online payment](#) email carysmary@live.co.uk for details.**

### Crickhowell Coaching Application Form

Name: \_\_\_\_\_ Date of Birth (juniors): \_\_\_\_\_  
 Mobile Telephone Contact: \_\_\_\_\_ email Address: \_\_\_\_\_  
 Course: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_  
 Payment method please circle - **Cheque /Cash / Online**

**Parental/Guardian Consent:** As part of the Club's rules and to meet current legislation, we require your consent for a number of matters whilst your child is in our care. Please read the following carefully and understand that by signing up for any of our coaching courses, you agree to these points:

- To allow my child to take part in the tennis programme
- To permit photographs or video of my child to be taken during coaching activities (if published, they will appear without contact details, in line with current guidelines).
- For the administration of emergency injury treatment in the event that my consent cannot be obtained at the time of the injury and where the injury is considered life threatening or requiring immediate treatment
- For my child's personal data to be stored on database in line with Data Protection regulations

Signed: \_\_\_\_\_ Date: \_\_\_\_\_