

Please complete BOTH  
SIDES of this form

**ST.ARNAUD & DISTRICT LAWN TENNIS CLUB INC.**  
**P.O. BOX 57, ST. ARNAUD, VIC., 3478.**  
**(Registered No. A1201)**  
**JUNIOR REGISTRATION FORM 2022/2023**



Player Registration Details	Date of Birth	School Year	Tennis ID number (if known)	Details of Medical Conditions or Allergies & recommended treatment
Name(s): ..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....	..... ..... ..... .....
Address: ..... ..... .....	Phone No ..... Mobile Phone No..... Email Address .....		<b>Medical Details</b>	
			Doctor ..... Address ..... Phone Number .....	
Medicare No ..... Ambulance Subscriber? <b>Yes/No</b> (Please circle)				
<b><u>Authorization:</u></b>  <b>I agree that in the event of my child requiring medical treatment while attending St.Arnaud &amp; District Junior Tennis, the club has my permission to arrange first aid and organize medical attention as judged necessary.</b>  <b>Parents/Guardian's Name: ..... (Please print)</b> <b>Phone No: .....</b> <b>Mobile No: .....</b>  <b>Parent/Guardian's Signature: .....</b> <b>(All the above details will be held in confidence)</b>				

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### **Photographic/Filming Individual Consent Form**

The St. Arnaud & District Lawn Tennis Club Inc. may wish to record images of St. Arnaud competitions and programs throughout the 2022/2023 season for promotional purposes. These images may be used in mediums including publications and promotional material, and broadcast, print and electronic media.

The Club asks individual and/or parents and guardians to provide written permission for the Club to use images on the form below.

**Please tick one box:**

☐

**I give the St. Arnaud & District Lawn Tennis Club permission to use images taken of me/my children in publications and promotional material, broadcast, print and electronic media.**

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**I do not grant the St. Arnaud & District Lawn Tennis Club Inc, permission to use images taken of me/my children.**

**Name of Individual(s) to be photographed/filmed**

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**Signed: Parent/Guardian**

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**Date:**