

CONCORD TENNIS ACADEMY

Registration Form

Age _____

General Info

Last name _____ First name _____

DOB (mm/dd/yyyy) _____ Personal Email _____

Personal Cell Number _____ Home Phone Number _____

Home Address _____ City _____

Province _____ Postal Code _____

Fathers Name _____ Fathers Phone Number _____

Mothers Name _____ Mothers Phone Number _____

EMERGENCY INFO

Pearson to Contact of Emergency (other than parents) _____

Home Number _____ Business/Cell Number _____

Medical Allergies _____

Please list any pre-existing medical conditions (i.e. asthma) _____

Please list any pre-existing your child that you think would be of benefit to us
(i.e. psychological, confidence ,self-esteem, learning style etc.)

