

2017 TERM 1 NEW STUDENTS ENROLMENT FORM

NARRE WARREN SOUTH TENNIS CLUB



Term 1 starts from: Monday 30th January

NEW ENROLMENTS RECEIVE A FREE RACQUET & T-SHIRT



An enrolment form must be completed and returned before the start of coaching term to secure a position in a coaching class. Please complete the details on the reverse side. Each member of a family must submit a separate enrolment form.

HOT SHOTS STARTER CLUB PROGRAM Pre & Primary School Students	TIMES & DAYS 45 & 30 min sessions	TERM FEES 8 weeks
BLUE ZONE Pre - School FUNDamental PROGRAM PARENTAL ASSISTANCE An introduction to tennis related skills for children in Pre - School aged 3 & 4	4:00pm Mon - Tue - Thur - Fri (45min session) 8.45am Sat (30min session)	\$160.00 \$140.00 Free Racquet & T-Shirt
RED ZONE: PREP - GRADE 2 HOT SHOTS STARTER PROGRAM For players aged 5 to 7 with little or no tennis experience.	4:00pm Mon - Tue - Thur - Fri (45min session) 9.15am & 10.45am Sat (30min session)	\$160.00 \$140.00 Free Racquet & T-Shirt
ORANGE ZONE: GRADE 3 - 4 HOT SHOTS STARTER PROGRAM For players aged 8 to 10 with little or no tennis experience	4:45pm Mon - Tue - Thur - Fri (45min session) 9.45am & 10.15am Sat (30min session)	\$160.00 \$140.00 Free Racquet & T-Shirt
GREEN ZONE: GRADE 5 - 6 HOT SHOTS STARTER PROGRAM For players aged 10 to 12 with little or no tennis experience	5:30pm Mon - Tue - Thur - Fri (45min session) 11.15am Sat (30min session)	\$160.00 \$140.00 Free Racquet & T-Shirt

Sunday morning classes could be available if there is a demand. If you would like a Sunday please let us know

JUNIOR CLUB PROGRAM PATHWAY

- HOT SHOTS STARTER PROGRAM
- HOT SHOTS SQUAD PROGRAM
- JUNIOR CLUB PROGRAM
- GAME PLAY PROGRAM
- COMPETITION DEVELOPMENT SQUADS
- TOURNAMENT DEVELOPMENT SQUADS
- PRIVATE LESSONS
- HOT SHOTS COMP LEAGUE



For Further Information Please Contact Adrian

M: 0417 591 911 E: info@mtennis.com.au W: www.mtennis.com.au



REGISTRATION DETAILS (PLEASE COMPLETE ALL FIELDS CLEARLY)

NARRE WARREN SOUTH TENNIS CLUB

TERM: 1 2017

HOT SHOTS STARTER CLUB PROGRAM Pre & Primary School Student 45 & 30 min sessions

BLUE ZONE Pre - School - 3-4yrs	<input type="checkbox"/> 4:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)	<input type="checkbox"/> 8:45am	<input type="checkbox"/> Sat (30min sessions)
RED ZONE: PREP to GRADE 2 - 5-7yo	<input type="checkbox"/> 4:00pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)	<input type="checkbox"/> 9:15am	<input type="checkbox"/> 10:45am <input type="checkbox"/> Sat (30min sessions)
ORANGE ZONE: GRADE 3 to 4 - 8-10yo	<input type="checkbox"/> 4:45pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)	<input type="checkbox"/> 9:45am	<input type="checkbox"/> 10:15am <input type="checkbox"/> Sat (30min sessions)
GREEN ZONE: GRADE 5 to 6 - 10-12yo	<input type="checkbox"/> 5:30pm	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thur	<input type="checkbox"/> Fri	(45min sessions)	<input type="checkbox"/> 11:15am	<input type="checkbox"/> Sat (30min sessions)

Childs Name/s: _____ ☐ Male ☐ Female Age: _____ Date of Birth: _____

Parent's Name: _____

Address: _____ Suburb: _____ P/Code: _____

Phone: _____ Mob: _____

Email: _____

Name of School/Kinder: _____

Any Known Medical Conditions: _____ Parent's Signature : _____

Total Amount Enclosed \$ _____ (Please Circle) - Cash, Cheque, Money Order, Electronic Funds Transfer, Credit Card

PAYMENT DETAILS

Cash: Please submit registration form with correct payment in an envelope with your child's name to your child's coach on the first lesson of Term.

Cheques & Money Orders: (Preferred) Please send registration form along with payment to Millennium Tennis Academy PO Box 1140, Waverley Gardens, VIC 3170 (Cheque / Money Order made out to Millennium Tennis Academy)

Electronic Funds Transfer: (Preferred) Please Fax (8502 8837) or send registration form via post.

Name: Millennium Tennis Academy - Bank: BSB: 033-126 - Account: 428425 - Reference: Use Child's Name as reference.

Credit Card: (Preferred) I authorize payment of \$ _____ + 3% = \$ _____ Merchant Bank Fee Credit Card Type: Mastercard ☐ Visa ☐

Card Number: ____ / ____ / ____ / ____ Expiry Date: ____ / ____ / ____

Card Holder Signature: _____

OFFICE USE ONLY Date Received: _____ Received By: _____

TERMS & CONDITIONS

Payments: Payments are due in full before the start of the coaching term. A player can only participate in any coaching sessions once payments have been finalized. Once the form and payment are sent in there is No cancellations/refunds given.

Missed Lessons: 1. If a player misses a session due to sickness, injury, school camp, a make-up lesson can be arranged if spots are available. Parents must call to arrange.

2. If a player misses a large number of sessions because of sickness or injury and acceptable evidence is provided, a credit may be issued. 3. Adequate notice must be given to MTA organiser Adrian prior to missed lessons for players to be entitled to a make up.

Wet Weather: 1- If wet weather prevents a class from being conducted, the coach will notify you via an SMS and that lesson will be made up in the spare weeks at the end of term or could be made up as a double lesson.

I acknowledge that I will not hold Millennium Tennis Academy or affiliates for any loss or injury which may be sustained during the program. As an option, Tennis Victoria Membership Forms are available on the Tennis Victoria website www.tennisvic.com.au and include personal accident insurance (PAI).

I authorize Millennium Tennis Academy to use images of the participant of the program for promotional purposes only, i.e. promotional flyers; website, if you would not like us to use your child's image please advise us immediately.

I understand and agree to the above Terms and Conditions and I authorize Millennium Tennis Academy to obtain medical assistance for my child in case of an emergency and I will meet all expenses thereof. Please indicate any specific medical conditions staff should be aware of on form.

Signature of Responsible Person: _____ Date: _____