



Barbados Tennis Association
Christmas Camp 2019
Player Profile

First Name: _____ Last Name: _____

Date of Birth: Day: _____ Month: _____ Year _____

Age: _____ Male/Female: _____

Name of Parent/Guardian : _____

Address: _____

Telephone # (H) _____ (W) _____ (Cell) _____

Emergency Contact's Name: _____ Tel # _____

Email address: _____

Days and times of play: _____

School: _____

Medical History: _____

Allergies: _____

Any other information: _____

I, _____, agree that neither Barbados Tennis Association nor the Organizers of the School/Junior Tennis Initiative Programme shall be liable for any loss or injury however caused that may occur during participation in such initiatives.

Signature of Parent/Guardian: _____ Date: _____

National Tennis Centre, Garfield Sobers Sports Complex, Wildey, St Michael, BARBADOS BB 15094
Tel: (246) 427-5300 * e-mail: tennisbarbados@caribsurf.com * website: www.tennisbarbados.org

"Tennis, the sport for a lifetime for all"