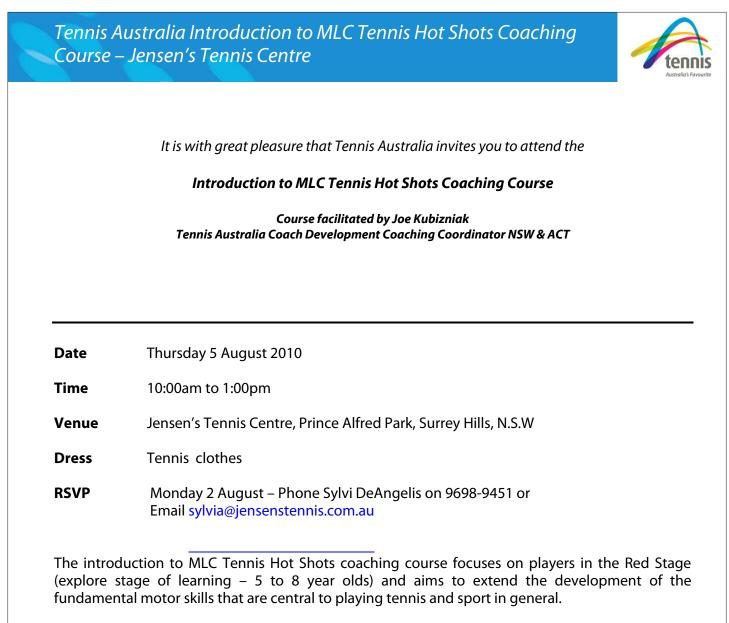




hey you mob!

If you love playing tennis and are interested in finding out more about becoming a tennis coach please join me for a FREE TENNIS COACH WORKSHOP at Jensen's Tennis Centre on Thursday the 5th of August from 10am-1pm. Note: registration will be FREE for Indigenous tennis players thanks to funding provided by the NSW Department of Sport and Recreation. Lunch will be provided after the workshop at Purple Goanna Café in Redfern.

Lua De Burgh, Coordinator SITP Email: boomerangel2004@yahoo.com.au



The introduction to MLC Tennis Hot Shots coaching course focuses more on creating environments which allow children to rally and learn through play. The program provides deliverers with skills to introduce not only the technical & tactical aspects of tennis but also the physical and social benefits of the game.

Enrolment form Program information

Program name		Venue		Program date(s)
Tennis Australia Introduction to MLC Tennis Hot Shots (Coaching Course	Jensen's Tennis Centre		5th August 2010
Participant information				
Name			Date of birth	Male Female
Address			Phone	
			Home	
	Postcode		Work/mobile	
Email address				
Please provides details of any medical conditions, allerg	es or disabilities that	t may affect your participati	on in this program	
Optional information				
To help us serve the community it would be apprec	iated if you could a			
Are you from a culturally diverse background? (for statistical purposes only)			out this program?	
Are you of Aboriginal or Torres Strait Islander descent? (for statistical purposes only)	Yes No			
Media consent		Risk waiver		
Strike out whichever does not apply:		Strike out whichever does not apply:		
I agree to allow Sport and Recreation to use my/my child's/my ward's name and any photographs, sound and film recordings taken of me/my child/my ward at this program for the promotion of the department's services and initiatives to the media and to the general public. Full name Self Parent Guardian (please tick)		I agree to, or I agree for my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that I or my child/ward will, abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, where it is impracticable to communicate with me, to arrange for me, or my child/ward, to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am participating, or my child/ward is		
Signature Date		participating, in any activity or	whilst I am, or my child/wa	rd is, in attendance at the Centre.
Privacy statement Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2	/ / 127 will collect and	Except for situations in which a Communities NSW or its emple "Released Persons"), I agree to from and against all claims wh	oyees, servants, volunteers o indemnify and keep inder	mnified the Released Persons

store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the department can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my, or my child's/ward's, attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for, or arising attended to an ended the future of the action of the action of the second se out of, the loss of my, or my child's/ward's, life, or injury, damage or loss of any description whatsoever and howsoever caused which I, or my child/ward, may suffer or sustain in the course of or as a result of my, or my child's/ward's participation in any activity and/or attendance at the Centre.

Full name Self Parent Guardian (please tick)

Signature

Date / /

Return this form to:

Client Service Centre, Locked Bag 1422, Silverwater NSW 2128 or fax (02) 9006 3888



