



Player Registration Form

Player Information and Consents

Player name: _____

Birth Date (if 18 or under as at 30 September of the current year): ____ / ____ / ____

If you are an **existing member**, please update the Personal and Emergency Contact information on Page 2 for any changes only.

If you are a **new member**, please complete Page 2 in full.

Junior Competition and coaching options <i>Please indicate all areas of interest</i>	Preferred night (please circle)	Subs/Fees
<input type="checkbox"/> SATURDAY MORNING		\$ 90 *
<input type="checkbox"/> HOT SHOTS 10 week program (1/2 hr sessions)	MON / TUE / WED / THUR	\$ 50 *
<input type="checkbox"/> COACHING 1 hour group sessions	TUE / WED	\$ 55 *

* The **SA Government Sports Vouchers** Program may available to subsidise this fee (see page 2 for more information)

Parents/caregivers, are you interested in being a **Team Manager** for Saturday morning competitions? **Y / N**

Do you give permission for your child to be photographed and have those photos displayed for promotional purposes:

On the LTC website **Y / N** , On the LTC Facebook page **Y / N** , in the clubrooms (team photos, etc.) **Y / N**

I/we understand that the information collected about my/our child will be treated confidentially and only be used for Lobethal Tennis Club purposes:

Signed: _____ Date: _____

Senior Competitions <i>please indicate all areas of interest</i>	Preferred Division <i>please circle</i>	Rec Ground Fee	Subs
<input type="checkbox"/> SATURDAY AFTERNOON Doubles format <i>Students Under 18</i>	1 / 2 / 3	\$ 35 \$ -	\$ 150 \$ 120
<input type="checkbox"/> SATURDAY AFTERNOON Traditional <i>Students Under 18</i>	1 / 2 / 3	\$ 35 \$ -	\$ 150 \$ 120
<input type="checkbox"/> NIGHT Tues / Wed (one season) (two seasons)	1 / 2 / 3	\$ 35 \$ 35	\$ 80 \$ 150

Annual membership with the Lobethal Recreation Ground Sporting Club is a requirement for all adults participating in an affiliated club. Your membership fee will be added to your subs unless you have already paid the fee through another club.

Do you require the membership fee to be charged with your Lobethal Tennis Club subs? **Y / N**

Proposed teams are submitted to the Hills Tennis Association for grading in early September. All players will be notified of their team details once this process is finalised.

Subs will be invoiced and distributed by Team Managers on or before the first week of play and are due immediately. Payment options are: cash or cheque to your Team Manager or the Treasurer, or by direct credit to the Lobethal Tennis Club bank account.

Instalments can be negotiated by contacting the Treasurer on 0418 697 092 or email treasurer@lobethaltennisclub.org

Personal Information

Full Name: _____
Surname *Given name*

Address: _____

Town *Postcode*

Home Phone: _____ Mobile: _____

Email _____

Tennis SA Registration No. (if known): _____

Are there any **health issues** that the Club should be made aware of? **Y / N**

If Yes, please provide details below:

Emergency Contact Information

Full Name: _____

Home Phone: _____ Mobile: _____

Relationship: _____

Sports Voucher Program

Extract from the official letter to Parents/Guardians/Carers:

In March 2014, the Premier, Hon Jay Weatherill MP, announced an election commitment to provide a sport voucher to the value of \$50 for every primary school student in South Australia

The vouchers can be used to subsidise membership or participation fees for a sporting activity or program which involves a weekly match or training opportunity for at least 10 weeks. If the cost of the activity you select exceeds the value of the *Sports Vouchers*, you will still be responsible for payment of the difference.

To redeem the *Sports Vouchers* you can complete the voucher (following page) and present it at a *Sports Vouchers* registered club (like Lobethal Tennis Club). You can use one voucher per child, per calendar year. The 2016 voucher is valid until 31 December 2016.

Visit www.sportsvouchers.sa.gov.au to search for a registered club, or to complete an electronic version of the voucher form.

Please remember to include the Medicare reference number for your child on the form so that the voucher can be redeemed.

SPORTS VOUCHERS

ONE VOUCHER FOR EVERY
PRIMARY SCHOOL AGED CHILD
PER CALENDAR YEAR

Child first name: _____ Family name: _____ Gender: M F

Child street address: _____ Suburb: _____ Postcode: _____

Child date of birth: _____ My child is of primary school age: Y N

Medicare number: OR Australian Visa number:

Parent/Carer first name: _____ Family name: _____

Parent/Carer contact number: _____

Used a voucher this calendar year: Y N Member of a sports club prior to using voucher: Y N

Aboriginal or Torres Strait Islander: Y N Culturally and linguistically diverse background: Y N

To be presented at an approved Sports Voucher provider. Not redeemable for cash. Redemption value not to exceed \$50.00. In presenting this voucher I give permission to the Sports Voucher provider to share my information with the Office for Recreation & Sport. To find your nearest provider or for more information please visit www.sportsvouchers.sa.gov.au



Government of South Australia
Office for Recreation and Sport

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Government of South Australia
Office for Recreation and Sport