



APPLICATION FOR REGISTRATION AT THE TENNIS ACADEMY

LOUKAREAS TENNIS ACADEMY AT BOUGAS SCHOOL

Please fill in the following information to register your child for the Tennis Academy. Select a program:

☐ **Tennis Program**

☐ **Pickleball**

Personal Details of Athlete

- Full Name:.....
- Date of birth:.....(age:.....)
- Address:.....
- Email (parent or child).....
- Contact details:.....
- Contact details(child):.....

Personal Details of Parents

- Full Name:.....
- Job(optional):.....

Medical Information

Please list any medical issues or allergies we need to be aware

of:.....
.....

Child's photo

Photo attached

To be sent via mail

Signature of Parent/Guardian

Name:.....Date:.....

I declare under penalty of perjury that the above information is true and that I accept my child's participation in the Tennis Academy program.