



# St. Kitts and Nevis Tennis Association

P.O. Box 1610,  
Warner Park Tennis Complex,  
Basseterre, St. Kitts, W.I. 00265  
Phone: 869-763-8328 / 662-8158 / 669-2906  
/ 762-9820  
Email: [tenniskn@gmail.com](mailto:tenniskn@gmail.com)  
Website: [www.tenniskn.org](http://www.tenniskn.org)

## JNTL REGISTRATION FORM

Name of Program: ..... **NATIONAL JUNIOR PLAY TENNIS Development** .....

Commences: ..... **16<sup>th</sup> March, 2019** .....

### Play Tennis Venues:

|                                                                |                                                      |
|----------------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> Warner Park Tennis Complex | <input type="checkbox"/> Factory Tennis Facility     |
| <input type="checkbox"/> Newtown Tennis Facility               | <input type="checkbox"/> Sandy Point Tennis Facility |
| <input type="checkbox"/> The Gardens Tennis Facility           |                                                      |

### Program Schedule Days

| Ages:      | 10 and Under      | 12 - 14+          |
|------------|-------------------|-------------------|
| Saturdays: | 9 am - 9:50 am    | 10 am - 10:50 am  |
| Tuesdays:  | 4:30 pm - 5:15 pm | 5:30 pm - 6:30 pm |
| Thursdays: | 4:30 pm - 5:15pm  | 5:30 pm - 6:30 pm |



Please complete this form and send to [tenniskn@gmail.com](mailto:tenniskn@gmail.com) or submit directly to our secretary.  
Space is limited so you are urged to register early and book your spot

Full name of Child : .....

Date of Birth: ..... (dd/mon/yyyy) ..... Gender: Male  Female

Parent / Guardian's Names: .....

Tel. Home: ..... Work: ..... Cell: .....

E-mail address: .....

(To which Notices, Newsletters etc. will be sent)

Postal Address: .....

Nationality: ..... is Child Asthmatic: (Y / N) \_\_\_\_\_

Does child require any **special needs** (Y/N) \_\_\_\_\_ if "Yes", **kindly specify** : \_\_\_\_\_

.....  
.....

## STATEMENT OF CONSENT

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*I the undersign hereby declare that the information above is true and accurately represents my personal data and contact information. I further give my consent for my Child or Ward to participate in the JNTL development program.*