IMBIL



Member Application

TENNIS CLUB

Name							
Date of Birth							
Address				Postcode			
Phone Mobile							
Email							
Emergency Contact				Phone			
Rate your current ability	Never Played	Fair			Good		
Medical History - information yo attack from a known health con			propriately	if you s	hould have	an	
Are you Asthmatic?				Yes	No		\neg
Do you have a heart condition?				Yes	No		
Are you taking any form of medication?				Yes	No		
Do you have diabetes?				Yes	No		
Do you have a history of back problems?				Yes	No	No	
Any other medical history we should know about?							
Insurance All members are covered with P Queensland annually.	ublic Liability Insur	rance which is	s paid by Im	bil Tenn	is Club to Te	ennis	
Membership Fees							
Single \$35 Fa				mily	\$50		
If paying a family membership p	lease complete the	e details of fa	mily memb	ers.			
Name Date of Birth				Medical History			

Direct Payment: BSB 064416 Account 0090 6883

The Imbil Tennis Club is run by Volunteers and we welcome your suggestions to improve the facilities and activities of the Club and your assistance.

Court Hire is free to members. For keys and court bookings contact Rattler Café or Mary Valley Traders. Thank you for supporting the Imbil Tennis Club.