

# WHEELS CONNECT

## REFERRAL FORM

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

(TO BE COMPLETED BY PARENT/GUARDIAN IF UNDER 18)

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

STATE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT WHEELCHAIR TENNIS?

\_\_\_\_\_

WHAT IS YOUR DISABILITY? \_\_\_\_\_

DO YOU USE A DAY CHAIR? YES  NO

WHAT OTHER SPORTS DO YOU PARTICIPATE/PLAY IN, IF ANY?

\_\_\_\_\_

Please tick the boxes below if you would like to:

receive offers and news via email from Tennis Australia and other relevant Australian Tennis Organisations regarding wheelchair tennis and other products and services .

receive offers via email or in other forms from third party corporate partners, sponsors, suppliers or broadcasters who have a relationship with Tennis Australia.

FOR FURTHER INFORMATION ON HOW TO GET STARTED PLAYING  
WHEELCHAIR TENNIS, PLEASE CONTACT [wheelchairtennis@tennis.com.au](mailto:wheelchairtennis@tennis.com.au)

### COLLECTION AND STORAGE OF PERSONAL INFORMATION

By completing and submitting my (and, where applicable, my child's) personal information, I consent to the collection, storage, use and disclosure of my (and, where applicable, my child's) personal information in accordance with the privacy policy of Tennis Australia. I acknowledge that Tennis Australia may contact me and send me information in accordance with that privacy policy. A copy of Tennis Australia's privacy policy can be found at <http://www.tennis.com.au/privacy> .

