

## Barbados Tennis Association 2019/20 Junior Tennis Initiative (JTI) Player Profile

First Name:	e:Last Name:		
Date of Birth: Day:	Month:	Year	
Age:		Male/Female:	_
Name of Parent/Guardian :			
Address:			
		(Cell)	
		Tel #	
Days and times of play:			
Medical History:			_
Allergies:			
Any other information:			
I agree that neither Barbados Tennis liable for any loss or injury however ca	•	izers of the Junior Tennis Initiative shall g participation in such initiative.	be
Signature of Parent/Guardian: _		Date:	