

TTC Tennis Camp Registration Form

First Name:		Last Name:	
Male	Female	(please circle)	
Birth Date: dd/mm/yyyy		/ /	
Home Address:	City:	Province:	Postal Code:
Home Phone: ()		Bus Phone: ()	
Email:			

COMPETITIVE SKILLS DEVELOPMENT Camp	[] # of weeks X \$475 + HST =
PROGRESSIVE Tennis Camp	[] # of weeks X \$475 + HST =
MINI TENNIS Camp	[] # of weeks X \$320 + HST =
SKILLS DEVELOPMENT ½ Day Camp	[] # of weeks X \$240 + HST =

Dates	[] July 04–July 08	[] July 25–July 29	[] Aug 15–Aug 19
	[] July 11–July 15	[] Aug 01–Aug 05 [no class Aug 1]	[] Aug 22–Aug 26
	[] July 18–July 22	[] Aug 08–Aug 12	

*** Please note that lunches are available for \$10 per day.

Credit Card # _____ VISA/MC Expiry Date _____

ATTENTION: Payment must accompany registration form to secure your spot in a program.

WAIVER AGREEMENT

In consideration of the benefits expected to be derived from the admission of our child or children to ACE Tennis and Toronto Tennis City, we hereby remise, release and forever discharge the said Academy and club, its servants and agents, members and participating parents of and from any and all actions, causes of action, claims and demands whosoever in any way arising out of injury or illness of our child or children or loss of or damage to property occurring during or as a result of anything done or left undone by the Academy or any of the other persons hereby released in connection with the operation of the Academy or anything arranged by it to take place outside of its training premises. We hereby give consent for our child to take part in physical tests. If at any time, due to circumstances of an accident or sudden illness and medical treatment is necessary, this may be given. The above will enable a Physician to give necessary treatment in the case of an emergency situation where parents cannot be reached.. It is understood that every effort will be made to contact the parents. In witness whereof we have here unto set our hands and seals at the location of _____ this _____ day of _____ 2011.

Signature _____ Witness _____

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