



MARCH BREAK TENNIS CAMP 2012 ACE Tennis Toronto Tennis City

Wednesday, March 14 - Sunday, March 18, 2012

Player's last name: _____ First name: _____ M or F circle _____ Birth Date : d/m/y _____

Home address: _____ City: _____ Postal code: _____

Players Phone #: _____ Player's e-mail: _____

Father's name: _____ Phone contact: _____ e-mail: _____

Mother's name: _____ Phone contact: _____ e-mail: _____

Name of program	Cost	Days requested	Comments:
<input type="checkbox"/> Progressive 1 (10:00am - 12:00pm)	\$250 + HST	Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	
<input type="checkbox"/> Progressive 2 (12:00pm - 3:00pm)	\$375 + HST	Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	
<input type="checkbox"/> Progressive 3 (1:00pm - 4:00pm)	\$375 + HST	Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	
<input type="checkbox"/> Regional (4:00pm - 7:00pm)	\$375 + HST	Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/>	

PAYMENT INFO

PAYMENT METHOD

Total _____

Cheque

HST _____

Cash

Credit Card CC #: _____ Exp. Date: ___/___

TOTAL: _____

Name of child: _____

In consideration of the benefits expected to be derived from the admission of our child or children to ACE tennis, we hereby remise, release and forever discharge ACE Tennis and Toronto Tennis City, 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 ACE Tennis or any of the other persons hereby released in connection with the operation of ACE Tennis or anything arranged by it to take place outside of its training premises. We hereby give consent for our child to be taken on trips relating to tennis tournaments. We hereby give consent for our child to take part in Tennis Canada 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. This allows ACE Tennis to use any pictures of our children for display on boards and web site. In witness whereof we have here unto set our hands and seals at the location of _____ this _____ day of _____, 2012.

Parent/guardian _____ Witness _____

Application form complete All fees Waiver Information entered

Signed by _____ Date: _____