

## **Toronto Tennis City JR Recreational Tennis Program Spring 2010 registration Form**

**Attention recreational tennis participants:**

Please note that the club will no longer reschedule classes missed due to:

- Participant illness
- Personal events that conflict with the scheduled class
- Religious Holidays

No exceptions allowed. Please register per above policy.

**Did you participate in our Junior Recreational Winter, 2010 Session? Yes/No**

Early registration for the Spring 2010 session of our JR Recreational Program is now open to juniors who participated in our Winter 2010 session. Registration is taken on a first come, first served basis. A non refundable deposit of \$100.00 for 1 hour classes is required at the time of registration. A non-refundable deposit of \$200 for 1.5 or 2 hour classes is required at the time of registration. Any cancellation made after the second class of the spring 2010 session is subject to the full payment for the session.

**Name of student:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Telephone: [Home]** \_\_\_\_\_ **Work:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Class/Level/Day/Time Requested:** \_\_\_\_\_

**Form of payment:** Cheque: \_\_\_ Visa: \_\_\_ MC: \_\_\_ Interac: \_\_\_ Cash: \_\_\_

**Credit Card#:** \_\_\_\_\_ **Exp.Date** \_\_\_\_\_

**Name on credit card:** \_\_\_\_\_

**Parent signature:** \_\_\_\_\_

**Participant's Health Card#:** \_\_\_\_\_

**Please list any allergies or medical conditions:** \_\_\_\_\_

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1] I understand that the club, its employees and management undertake to provide a reasonable safe and secure environment for my child and his/her possessions. I am satisfied that the necessary precautions and procedures are in place to minimize any injury or loss. I will not hold the club, its employees, and agents responsible in the event of any accident or loss. 2] If, as a result of sudden illness or accident, medical treatment is necessary, I agree to allow the club to use its judgment and allow physicians to take emergency measures. 3] I understand I have registered for the FULL session and should I decide to withdraw my child, I must do so prior to the second class of the session. In the event of withdrawal prior to the 2<sup>nd</sup> class, I will receive a partial refund [minus a \$100 administration fee]. Should I withdraw after the 2<sup>nd</sup> class, no refund will be issued.

**I have read the above terms and agree to abide by them.**

**Parent/Guardian**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date of agreement:** \_\_\_\_\_ **Received by:** \_\_\_\_\_

Please contact Ben Armstrong at [benarmstrong@look.ca](mailto:benarmstrong@look.ca) / or phone club 647 381 6464