

TTC Spring Programs

2010 REGISTRATION FORM

Last Name		First Name	
Male	Female	(please circle)	
Birth date dd/mm/yy		/	/
Home Address:		City:	Province: Postal code :
Home Phone []	Bus. Phone ()	Health card #:	
Email:			
<input type="checkbox"/>	<u>Former Greenwin HP program [at TTC]</u> Mon [] Tues [] Wed [] Thu [] Fri [] Sun 12-2pm [] Sun 3-5pm [] Sun 5-7pm []		Monday through Friday 4-6pm Sunday 12-2pm, 3-5pm, 5-7pm <i>\$400 per session, \$800 for 2 sessions, \$1200 for three sessions</i>
<input type="checkbox"/>	<u>The International program [at TTC]</u> 6-8am Mon [] Tues [] Wed [] Thu [] Fri [] 2-5pm Mon [] Tues [] Wed [] Thu [] Fri []		Monday through Friday from 6 to 8 am. <i>Cost is \$1050 [3 days], \$1400 [4 days], \$1750 [5 days]</i> Monday through Friday from 2-5pm <i>Cost is \$1365 [3 days], \$1820 [4 days], 2275[5 days]</i>
<input type="checkbox"/>	<u>The National Program [at TTC]</u> Mon [] Tues [] Wed [] Thu []		Monday through Thursday from 4-7pm. <i>Cost is \$1365 [3 days], \$1820[4 days]</i>
<input type="checkbox"/>	<u>The Provincial Program [at Glendon College]</u> Mon [] Tues [] Wed [] Thu []		Monday through Thursday from 4-7pm. <i>Cost is \$1560 [3 days], \$2080 [4 days]</i>

WAIVER AGREEMENT

Name of Child: _____

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 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. In witness whereof we have here unto set our hands and seals at the location of _____

this _____ day of _____, 2010

Phone 647 381 6464 / Fax 905 632 9482 / E-mail info@torontotenniscity.com

Visit our website www.torontotenniscity.com