

TTC/ACE Summer Camp

2010 REGISTRATION FORM

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

1	Competitive Entry Level/Intermediate Camps At TTC, 8am - 3pm, Age 8 - 18	No lunch: [] # of weeks X \$475 + HST = + = Lunch: [] # of weeks X \$525 + HST = + =
2	Progressive tennis camps At TTC, 4 - 6pm, Age 6-10	[] # of weeks X \$280 + HST = + =
3	Learning the Game Camps At TTC, 4 - 6pm, Age 10-16	[] # of weeks X \$280 + HST = + =
4	Mini-tennis Camps At TTC, 10am - Noon, Age 4 - 7	[] # of weeks X \$220 + HST = + =
5	Pre-competitive Training Camps U12-14 At TTC, 8am - 3pm, Age 12-14	[] # of weeks X \$475 + HST = + =
6	Pre-competitive Training Camps U16-18 At TTC, 10am - 5pm, Age 16-18	[] # of weeks X \$475 + HST = + =
7	High Performance Training Camps At TTC, 8am - 3pm, Age 10 - 18	[] # of weeks X \$475 + HST = + =

Dates	[] June 14 - June 18	[] July 12 - July 16	[] Aug 09 - Aug 13
	[] June 21 - June 25	[] July 19 - July 23	[] Aug 16 - Aug 20
	[] June 28 - July 02	[] July 26 - July 30	[] Aug 23 - Aug 27
	[] July 05 - July 09	[] Aug 02 - Aug 06	[] Aug 30 - Sep 03

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 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.

Parent/Guardian _____

Witness _____

Phone (647) 381 6464 Fax (647) 344 3613 Email: info@torontotenniscity.com

Visit our website www.torontotenniscity.com