

# Junior Clinics 2023 Registration Form

<b>Name:</b>		<b>Parent / Guardian(s) Name(s):</b>	
<b>Address:</b>	<b>City:</b>	<b>Postal Code:</b>	
<b>Phone #:</b>	<b>Work #:</b>	<b>Email:</b>	
<b>School:</b>	<b>Birthdate: (DD/MM/YYYY)</b>	<b>Medical History:</b>	

**Tennis Experience:**

check the box to make your selection

Beginner 
                                 
 Intermediate 
                                 
 Advanced

**I would like to register my child(ren) for the following session(s). Monday to Friday from 4PM to 7PM**

check the box to select the date and mark an X to select the number of hours per sessions

ex. July 16 - July 20     (1)  (2)

<u>May 29 - June 2</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>June 5 - June 9</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>June 12 - June 16</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>June 19 - June 23</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<u>June 19 - June 23</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>June 26 - June 30</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>July 3 - July 7</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>July 9 - July 14</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<u>July 16 - July 20</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>July 23 - July 28</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>July 31 - August 4</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>August 7 - Aug. 11</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)
<u>July 31 - August 4</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>Aug. 7 - Aug. 11</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>Aug. 14 - Aug. 18</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)	<u>August 21 - Aug. 25</u>	<input type="checkbox"/> (1) <input type="checkbox"/> (2)

**Please complete the form and:**

Scan and Email to:

[jackc\\_tennis@yahoo.ca](mailto:jackc_tennis@yahoo.ca)

**Payments:** Fees are due 1 week before the start of your child's clinic and are Non-Refundable. **Price subject to number of participants in group.**

Payment can be mailed or dropped off at the Club. Payment is by cash or etransfer. ( Etransfer to jackc\_tennis@yahoo.ca )

**CONSENT AGREEMENT:** My child has permission to participate in the Clinic and I agree to waive and from any and all liability for any illness or injuries incurred while at the clinic. The clinic has my permission to act in any emergency in the best interest of my child. Permission is also given for use of photos and videos of my child on the website, Facebook page, or other tennis advertising.

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

**Date:** \_\_\_\_\_

