

Kane Easter Tennis Registration

Contact Information

Name: _____

Age: _____

Gender: _____

Address: _____

Telephone (Day) _____

(Mobile / Home) _____

Select Program

Summar Camp <input type="checkbox"/>	Junior Clinic <input type="checkbox"/>	Adult Clinic <input type="checkbox"/>	Tennis Aerobics <input type="checkbox"/>
Camp Week: _____	Clinic # _____	Clinic # _____	Day of Week: _____
Extended Care: <input type="checkbox"/>			
T-shirt Size (<i>Circle your choice</i>)			Time: _____
<input type="checkbox"/> Adult			
Youth: <input type="checkbox"/> S <input type="checkbox"/> M			
<input type="checkbox"/> L <input type="checkbox"/> XL			

Method of Payment

☐ Credit Card: VISA / MC # _____ Exp. Date _____

☐ Cheque enclosed (please refer to kaneeastertennis.com for the exact amount.)

Disclaimer

This will confirm that I recognize the risk of injury or possible health risk which may be involved as a result of my participation in the tennis program noted above. I confirm that I am in good medical health and have no medical restrictions or limitations which would prevent me from participating in this tennis program and I fully consent to participate in same. The undersigned hereby releases and will indemnify and save harmless Kane Easter, his successors, officers, agents and employees from any and all claims, demands, costs and causes of action in respect to death, injury or damage to my person or property whatsoever in any way growing out of or resulting from the participation by the undersigned in the activities of the said tennis program. Further the undersigned agrees and understands that the laws of Ontario shall apply to this document as well as any claim or possible claim from this Tennis Program. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING, AND THAT I UNDERSTAND AND AGREE THAT THIS PROTECTS KANE EASTER FROM ANY LIABILITY RESULTING FROM MY PARTICIPATION IN THE TENNIS PROGRAM.

I have carefully read and understand completely and clearly the above provisions and agree to be bound thereby.

Print Name: _____

Signature: _____

Signature of Parent if participant is under age 18 _____ Date _____