Kane Easter Tennis Registration

Contact Information				
Name:	Age (kid	s only): G	Gender:	
Address:	Telephoi	ne (Day)		
Post Code:	(Mobile	(Mobile / Home)		
Select Program				
Summer Camp	Junior Clinic	Adult Clinic	Tennis Aerobics □	
Camp Week:	Clinic #	Clinic #	Day of Week:	
Extended Care:			Time:	
	A / MC #ease refer to kaneeastertennis			
e-transfer to kaneeas	tertennis@gmail.co	m		
Disclaimer This will confirm that I recognize the risk of above. I confirm that I am in good medical program and I fully consent to participate i officers, agents and employees from any any whatsoever in any way growing out of or rundersigned agrees and understands that the MY SIGNATURE BELOW CERTIFIES THAT I HAT THIS PROTECTS KANE EASTER FROM ANY LITHAY Carefully read and understand complete.	health and have no medical restrict n same. The undersigned hereby rel d all claims, demands, costs and cau esulting from the participation by the laws of Ontario shall apply to this AVE READ THIS ENTIRE DOCUMENT OF ABILITY RESULTING FROM MY PART	ions or limitations which would be eases and will indemnify and sa ses of action in respect to death the undersigned in the activities document as well as any claim of CAREFULLY BEFORE SIGNING, AN ICIPATION IN THE TENNIS PROG	prevent me from participating in this tennis ave harmless Kane Easter, his successors, injury or damage to my person or property s of the said tennis program. Further the prossible claim from this Tennis Program. ND THAT I UNDERSTAND AND AGREE THAT	
Print Name:		Signature:		
Signature of Parent if participant is	under ane 18		Date	