



Registration Form

2014 Mini-Tennis Camps

Family name		Home phone	
Street Address		Business phone	
City		Cell phone	
Postal Code	E-mail: (print carefully)		

Children and Camp Information

Name	Age	½ Day Camp Dates (Time 9am-1pm)				Fees (per week)		
		Jul 7-11	Jul 21-25	Aug 4 – 8	Aug 18-22	Non-member (\$95)	Member not in lessons (\$80)	Member in lessons (\$70)
Total (pls make cheque payable to St. George's Lawn Tennis Club)								

Contact information

Contact information (name and phone numbers)	Mother or Guardian	Father or Guardian	Emergency Contact

Allergies or other medical conditions

Child's name	Health Card#	Allergy or other	Medication necessary?

Family physician name and phone

By submission of the application, I/we acknowledge that participation in these tennis day camps may result in personal injury due to the physical nature of the sport and related camp activities. I/we accept these risks. In consideration of this camp registration, I/we and my/our heirs and successors agree that St. George's Lawn Tennis Club, its directors, officers, employees, volunteers, members and agents not be liable for any personal injury or loss any child noted above may suffer from any such participation. I/we do hereby remise, release and forever discharge, waive and save harmless, protect and keep indemnified the St. George's Lawn Tennis Club and St. George's Lawn Tennis Building Association against all kinds of actions, claims, costs and demands in respect of death, injury, loss or damage to person or property howsoever caused. By signing below, I/we acknowledge having read and agreed to the above waiver.

Name (please print)	Signature	Date