

U8 RECREATIONAL TENNIS PROGRAM Fall 2019 Registration Form

First Name: Last Name:							
Parent or legal guar	dian's name:						
Address:	Postal Code:						
Telephone: (Home)		(Work)		(Cell)			
Email address(es)*:					_		
EMERGENCY COM	TACT:			PHONE: _			
Participant's DOB:		Tennis	Academy mem	nber: N	res 🗌 N	lo	
* Program commu	nications are via	email					
Schedule Saturday Red: 9:00 Sunday Red: 9:00 - Refund Policy The Fall U8 Recre December 22, 201 committing to pay for the club finding a su	There will be I eational Tennis Fig. By signing the or the entire program	Program runs find its registration fram (dates state	rom Saturday S form, each par	September ent unders	7, 2019 to	they are	
Fee	Saturday Red	Sunday Red	Both Days		·		
Member	\$300.00	\$300.00	\$540.00				
Non-Member	\$400.00	\$400.00	\$720.00		•		
Method of Payn	<u>nent</u>			1	•		
Cheque							
Charge to cred	it card						

Injury Policy

If a player receives a tennis-related injury that will keep him/her off court for more than three weeks in a row, a parent can request a credit for 50% off the time missed from practice. Request for a credit must be made in writing and must be accompanied by a doctor's note the day after diagnosis. The Tennis Academy reserves the right to fill that player's spot in the National Training Program with someone wishing to join.

I have read,	understand	and agree	to the re	efund & li	ijury	policy