



U9 RECREATIONAL TENNIS PROGRAM Fall 2019 Registration Form

First Name: _____ Last Name: _____

Parent or legal guardian's name: _____

Address: _____ Postal Code: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Email address(es)*: _____

EMERGENCY CONTACT: _____ **PHONE:** _____

Participant's DOB: _____ Tennis Academy member: Yes No

* Please drop off forms at Pro Shop desk or email to doug@thetennisacademy.ca

Schedule

Saturday U10 Program: 10:00 – 11:00 am

Sunday U10 Program: 10:00 – 11:00 am

Refund Policy **There will be NO REFUNDS after August 1, 2019**

The Fall U10 Recreational Tennis Program runs from Saturday September 7, 2019 to Sunday December 22, 2019. By signing this registration form, each parent understands that they are committing to pay for the entire program (dates stated above). Refunds will be considered based on the club finding a suitable replacement for your child.

Fee	Saturday U10	Sunday U10	Both Days
Member	\$300.00	\$300.00	\$540.00
Non-Member	\$400.00	\$400.00	\$720.00

Method of Payment

Cheque

Charge to credit 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 refund & Injury policy

Parent/Guardian Signature:

Date:

Photo Consent

I hereby consent to the use of and grant to the Tennis Academy the right to use, for the purposes of promoting Tennis Academy programs or services, any photographs taken of the following minor while they attend the program may be used for future publications & promotions. I understand no other personal information about the minor will be released by the Tennis Academy without my permission.

Parent/Guardian Signature:

Date:

Note: Payment includes all coaching days during the sessions. No alternate funding arrangement will be made if your child cannot attend due to other commitments.

Marc Colangeli's Approval: _____