



## Erin Mills Tennis Camp Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Tel: \_\_\_\_\_ Business Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Age (last birthday) \_\_\_\_\_ DOB: \_\_\_\_\_ Health Card Number (required) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Carries EPEPEN: \_\_\_\_\_

Medic Alert \_\_\_\_\_ Please list any medical information, physical or emotional that may be helpful to our staff:

Contact: Amanda Arkaev – [amandaheadtennispro@gmail.com](mailto:amandaheadtennispro@gmail.com) – (Make e-transfer to [amandaheadtennispro@gmail.com](mailto:amandaheadtennispro@gmail.com))

**Please note no refunds or credits, only week changes if applicable.** Rain dates will be made up!

Camp Weeks (Circle all applicable) July 1st/ 8<sup>th</sup>/ 15<sup>th</sup>/ 22<sup>nd</sup>/ 29<sup>th</sup> , August 5<sup>th</sup>(short week \$132) 12<sup>th</sup>

rain dates will be made up any week

5 days - \$165 (9:00am-11:30am)

I am allowing my child / children to participate in the Erin Mills Tennis Camp, and I give EMTC and its staff authority to act on my behalf. I release and indemnify EMTC, its owners, directors, management and employees from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in the Erin Mills Tennis Camp program.

I accept the above terms and conditions. Date: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Print name: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Method: \_\_\_\_\_