

Summer Camp Sign Up Sheet

June 27- September 2, 2011

Name (Parent): _____

Name (Junior): _____ Date of birth: _____ Age: _____

Phone (day/evening): _____ Phone (cell): _____

Email: _____

Does your child have any food allergies or health concerns, we should be aware of? (Please give details).

SIGN UP FOR THE FOLLOWING DAYS/WEEK(S). PLEASE MARK EACH BOX.

- | | | | |
|----------------------------------|--|---|---|
| Week 1 (June 27- 30) short week | <input type="checkbox"/> Full Day (cost \$192) | <input type="checkbox"/> Morning (cost \$132) | <input type="checkbox"/> Afternoon (cost \$132) |
| Week 2 (July 4 – 8) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 3 (July 11 – 15) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 4 (July 18 – 22) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 5 (July 25 – 29) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 6 (August 2 – 5) short week | <input type="checkbox"/> Full Day (cost \$192) | <input type="checkbox"/> Morning (cost \$132) | <input type="checkbox"/> Afternoon (cost \$132) |
| Week 7 (August 8 – 12) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 8 (August 15 – 19) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 9 (August 22 – 26) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |
| Week 10 (August 29 – Sep 2) | <input type="checkbox"/> Full Day (cost \$240) | <input type="checkbox"/> Morning (cost \$165) | <input type="checkbox"/> Afternoon (cost \$165) |

1 Full day (cost \$75) (9 am - 4 pm). Date(s): _____

1 Half day (cost \$50) (9 am -12 pm or 1 - 4 pm). Date(s): _____

Early drop-off (8:30 am), late pick-up (5:00 pm) please add \$60/week.

RELEASE WAIVER AND ASSUMPTION OF RISK AGREEMENT

I _____ the parent/guardian hereby acknowledge and agree that, in consideration of my child's participation in the Don Mills Tennis Club's tennis program instruction.

1. do hereby RELEASE AND FOREVER DISCHARGE AND SAVE HARMLESS AND INDEMNIFY Don Mills Tennis Club & North York Tennis Association, their members, officers, directors, employees, independent contractors and agents from any and all actions, recourse, claims and causes of action of any kind whatsoever in respect of all personal injuries or property losses, which my child may suffer arising out of or connected with my child's participation in the programs, notwithstanding that such injuries or losses may have been caused solely or partly by NEGLIGENCE of the Don Mills Tennis Club, its members, officers, directors, employees, independent contractors and agents.

2. I do hereby acknowledge and agree:

a. that I have carefully read this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT, that I fully understand same, and that I am freely and voluntarily executing same.

b. that I understand clearly that by signing this release I will be forever prevented from suing or otherwise claiming against Don Mills Tennis Club & North York Tennis Association, their members, officers, directors, employees, independent contractors and agents for any loss or damage connected with property loss or personal injury that my child may sustain while participating in the programs, whether or not such loss or injury is caused solely or partly by the NEGLIGENCE of the Don Mills Tennis Club & North York Tennis Association, their members, officers, directors, employees, independent contractors and agents.

c. that I understand that my child will not be allowed to participate in the programs unless this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT is signed.

d. that this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT is binding upon the undersigned and their heirs, executors, administrators, personal representatives and assigns.

e. that I understand clearly that Don Mills Tennis Club & North York Tennis Association shall be deemed to be acting for itself and as an agent on behalf of and for the benefit of their members, officers, directors, employees, independent contractors and agents for the purposes set out in the above stated clauses of this agreement and that I am of sufficient age mental capacity to sign this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT.

Parent/Guardian Name: _____ Date: _____

Witness Name: _____ Date: _____

IMPORTANT NOTICE: Camp runs rain or shine – no make-up days provided for days missed. Once a player has been accepted, there are no refunds, unless a suitable replacement can be found. Don Mills Tennis Club reserves the right to make changes to the above programs and schedules.