

2018 SUMMER CAMP

DON MILLS TENNIS CLUB

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

Name (Parent): _____ Phone: _____ E-mail: _____

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

Please circle the session(s) you are interested in and total.

Juniors (ages 4-17) Mon - Fri Week # and Dates	Half Day 9:00 am - 12:00 pm	Half Day 1:00 pm - 4:00 pm	Full Day 9:00 am - 4:00 pm	TOTAL
#1: June 25 - 29	\$ 225	\$ 225	\$ 300	
#2: July 2 - 6	\$ 225	\$ 225	\$ 300	
#3: July 9 - 13	\$ 225	\$ 225	\$ 300	
#4: July 16 - 20	\$ 225	\$ 225	\$ 300	
#5: July 23 - 27	\$ 225	\$ 225	\$ 300	
#6: July 30 - Aug 3	\$ 225	\$ 225	\$ 300	
#7: Aug 7 -10 (short week)	\$ 180	\$ 180	\$ 240	
#8: Aug 13 - 17	\$ 225	\$ 225	\$ 300	
#9: Aug 20 - 24	\$ 225	\$ 225	\$ 300	
#10: Aug 27 - Aug 31	\$ 225	\$ 225	\$ 300	

Early drop-off (8:30 am) and/or late pick-up (5:00 pm) - \$15/day

Cheque payable to Pavlo Lupych

Please send mail to 7 Beaumont Pl., Thornhill, ON L4J 4X3 or drop off at Don Mills Tennis Club.

IMPORTANT NOTICE: Camp runs rain or shine – no make-up days provided for days missed. Full days - please provide a lunch. Pizza lunch is provided on Fridays.

ALL PROGRAM PARTICIPANTS MUST BE MEMBERS OF DON MILLS TENNIS CLUB.

QUESTIONS: contact Head Coach Pavel at 416-880-4690 or pavlo.lupych@gmail.com

RELEASE WAIVER & ASSUMPTION OF RISK AGREEMENT

_____, 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. I do hereby RELEASE AND FOREVER DISCHARGE AND SAVE HARMLESS AND INDEMNIFY Don Mills Tennis Club 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, 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 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 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: _____ Signature: _____ Date: _____