

# Program application form

Name (Junior): \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Name ( Parent): \_\_\_\_\_

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

Phone (day/evening): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

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

## RELEASE WAIVER & 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. 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: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## IMPORTANT NOTICE:

**ALL PROGRAM PARTICIPANTS MUST BE MEMBERS OF DON MILLS TENNIS CLUB. ONCE A PLAYER HAS BEEN ACCEPTED, THERE ARE NO REFUNDS, UNLESS A SUITABLE REPLACEMENT CAN BE FOUND.**

## RAIN MAKE UP WEEKS ARE:

June 24-29, August 26-31, October 7-12.

# 2019 JUNIOR PROGRAM

<b>SPRING</b> (9 weeks) Apr 23–June 22	<b>SUMMER</b> (8 weeks) July 2–Aug 24	<b>FALL</b> (5 weeks) Sep 3-Oct 5
--	---	---

## **BEGINNERS: Red, Orange Ball**

Specify day(s): Friday 4:30 - 6:00 pm  
Saturday 9:00 - 10:30 am

Cost: **SPRING** \$270 - once a week for 9 weeks.  
**SUMMER** \$240 - once a week for 8 weeks.  
**FALL** \$150 - once a week for 5 weeks.

## **INTERMEDIATES: Green Dot, Regular Ball**

Specify day(s): Tuesday 4:30 - 6:00 pm  
Friday 4:30 - 6:00 pm  
Saturday 10:30 am - 12:00 pm

Cost: **SPRING** \$270 - once a week for 9 weeks.  
**SUMMER** \$240 - once a week for 8 weeks.  
**FALL** \$150 - once a week for 5 weeks.

## **ADVANCE/HP: Regular Ball**

Specify day(s): Tuesday (age 9-12 y.o.) 4:00 - 6:00 pm  
Wednesday (age 13-17 y.o.) 4:00 - 6:00 pm

Cost: **SPRING** \$360 - once a week for 9 weeks.  
**SUMMER** \$320 - once a week for 8 weeks.  
**FALL** \$200 - once a week for 5 weeks.

## **CHEQUE PAYABLE TO PAVLO LUPYCH**

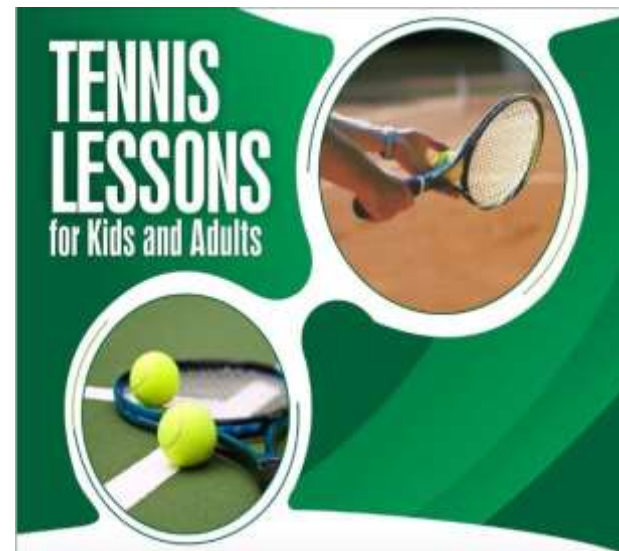
Please send mail to 7 Beaumont Pl., Thornhill, L4J4X3 or drop off at Don Mills Tennis Club.

# 2019 SUMMER CAMP

(10 weeks)  
June 24 – August 30  
Full day: 9 am - 4 pm ( 300 \$ per week )  
Half day: 9 am - 12 pm or 1 - 4 pm ( 225 \$ per week )

## Questions:

Contact Pavel at 416-880-4690 or pavlo.lupych@gmail.com



**416-880-4690**