

# North Burlington Tennis Club Summer Camp Registration

please visit [www.northburlingtontennisclub.com](http://www.northburlingtontennisclub.com)

Tennis Instruction & activities follow Ontario Tennis Association and Tennis Canada Progressive Tennis Development. Camps held at North Burlington Tennis Club located in Kilbride Community Park.

Camp 1	June 28-30	(3 day camp)	9:30-11:30 am	Rain date July 7
Camp 2	July 12-15	(4 day camp)	1-3 pm	Rain date July 16
Camp 3	Aug 16-19	(4 day camp)	9:30-11:30 am	Rain date Aug 20

Fees	3 day Camp	Members \$100.	Non-members \$120.
	4 day Camp	Members \$130.	Non-members \$160.

Child's Name: \_\_\_\_\_ Date of Birth: Day/Month/Year \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent(s) /Guardian Names: \_\_\_\_\_

Parent Cell Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Parent email address: \_\_\_\_\_

Emergency Contact and Relationship: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Please advise if your child has any allergies: \_\_\_\_\_

Please advise if your child is taking any Medications pertinent to physical activities: \_\_\_\_\_

Please advise if any of the following are applicable to your child: (Circle No or Yes)

Fainting episodes during exercise	No	Yes	Epilepsy	No	Yes
Asthma / Trouble breathing during exercise	No	Yes	Diabetic	No	Yes

Carries an Epipen No Yes if Yes, list allergy \_\_\_\_\_

Please advise of any medical condition or injury not already covered: \_\_\_\_\_

Please provide your child with: running shoes, tennis racquet, hat, sunglasses, sunscreen and a large water bottle.

## PARENTAL (GUARDIAN) CONSENT AND WAIVER:

I confirm that all of the above information is correct and current. It is my responsibility to inform the North Burlington Tennis Club of any changes in the above information prior to or during the Summer Camp.

In the event that my child experiences any injury and must be transported to a medical facility, I authorize the medical personal to examine and provide health care treatment to my child.

I authorize the release of information to appropriate medical personnel as deemed necessary.

I hereby release and discharge the North Burlington Tennis Club and any of its Volunteer Officers, Employees and Independent Contractors from all claims for damages, property loss or injuries sustained, resulting from any activities carried out by North Burlington Tennis Club (Non-profit Corporation).

Parent / Guardian Name: Please Print \_\_\_\_\_

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