

# LBTC JELLYBEAN TENNIS CAMP

Ages 5 to 8

**July 4 to August 26 (except July 25)**

Join us every afternoon Monday to Friday at courts 1 & 2. This is a great way to meet kids & have lots of FUN too! **Rain or shine**...our experienced instructors will provide tennis, crafts, swimming & games! Register today...groups are limited. There is an awards party at the end of the July & August sessions. You do not need to be a member of the LBTC to participate.

**For more information contact the Jellybean instructors at the club 767-3360.**

*Prior to July please contact Karen Zytaruk at 905-877-9542 or kzytaruk@commrehab.com*

- **Monday to Friday**                      **1pm to 4 pm**
- **\$20/day or \$75/week**              **LIMITED TO 25 KIDS!**

**What to Bring?** tennis racquet, non-marking running shoes, PFD or LIFEJACKET IS MANDATORY, hat, drinking water, bathing suit, water shoes, & towel

**Awards Party:** Friday, July 29 at 5pm AND Saturday, Aug. 27 @ 5:30pm

**NO PEANUT PRODUCTS, PLEASE!**



**Lake of Bays Tennis Club - JELLYBEAN TENNIS CAMP - Registration 2011**

Name:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

(MUST be born before Dec. 31, 2006)

Birth Date:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #

\_\_\_\_\_

Dates:

\_\_\_\_\_

Total Amount Enclosed: \$ \_\_\_\_\_

**NOTE: Receipts will ONLY be issued at time of payment.**

Please cut on dotted line and mail bottom portion with the Emergency Contact -Medical Information form (one per child) and cheque payable "Lake of Bays Tennis Club" to:

Karen Zytaruk  
16 Harrison Place  
Georgetown ON  
L7G 4S5

LAKE OF BAYS TENNIS CLUB

EMERGENCY CONTACT - MEDICAL INFORMATION & RELEASE

(Please complete one form for each child participating in a LBTC program.)

CHILD'S NAME \_\_\_\_\_

Health Card Number \_\_\_\_\_

CURRENT EMERGENCY INFORMATION

Cottage Telephone Number \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Contact Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Contact Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Contact's Number \_\_\_\_\_

CURRENT MEDICAL INFORMATION

- 1. If your son/daughter/ward wears or carries a medic alert bracelet, neck chain or card: Please specify what is written on it: First aid procedures in case of incident:
2. If your son/daughter/ward is allergic to any drugs, foods, and/or medication, please specify: First aid procedures in case of incident:
3. If your son/daughter/ward takes any prescription drugs, please specify: Provide details:

RELEASE WAIVER OF LIABILITY AND CONSENT

I, \_\_\_\_\_, the Parent/Legal Guardian of \_\_\_\_\_, personally and on behalf of my child (hereinafter collectively referred to as the "Releasor") do hereby expressly absolve and hold harmless the Lake of Bays Tennis Club ("LBTC"), their respective officers and directors, trustees, and all LBTC volunteers and instructors, including but not limited to their agents, representatives, and assigns and all other participants including other LBTC members (all collectively referred to as the "Releasees"), from any and all liability and/or claims for damages howsoever caused arising from any act or omission and anything whatsoever done or not done by the Releasees' either individually or together, including but not limited to any such liability and/or damages contributed to or caused by the negligence of the Releasees, either individually or together.

The Releasor hereby further undertakes and agrees not to make any claims or to commence or maintain any action or proceeding against any person, corporation or other entity in which any claim could arise against the Releasees for contribution or indemnity or otherwise in respect of the above-referred to matters.

The Releasor also undertakes and agrees to indemnify the Releasees from and against all liability incurred by any or all of them to any persons or entities not otherwise referred to above.

The Releasor also hereby consents to any reasonable medical or surgical treatment, which in the opinion of a qualified medical doctor may be required by reason of the participation of my child in the activities of the LBTC.

The Releasor hereby expressly warrants that he/she has the authority to execute this Release, Waiver of Liability and Consent, on behalf of the child and on behalf of the child's other parent or guardian, as the case may be.

DATED AT \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 2011

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

Name of witness: \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Address of witness: \_\_\_\_\_