

LBTC JUNIOR TENNIS

Ages 8 to 13+

July 4 to August 26 (except July 25)

Certified Level 1 Instructors offer more skills training on Monday to Friday afternoons (1pm - 4pm).

Players will be grouped according to skill level. July & August sessions wrap up with a Singles/Doubles tournament, a parent/child round robin & an awards party!

You do not need to be a member of the LBTC to participate.

5 Day Program WEEKLY SIGN UP ONLY LIMITED TO 16 KIDS!

\$110/week (\$88 for week of July 25th)

For more information, please contact Marnie Wraith 705-767-3223 or at marnie@routcom.com.

Please call Marnie at 905-833-1047 before July.

What to Bring?

- tennis racquet, non-marking running shoes, hat, drinking water, bathing suit & towel

Awards Party

- Parent/Child Round Robin: Friday, July 29 @4pm AND Saturday Aug. 27 @ 4:30pm
- Awards: Friday, July 29 at 5pm AND Saturday, Aug. 27 at 5:30pm



NO peanut products, please!

Lake of Bays Tennis Club - JUNIOR TENNIS - Registration 2011

Name:

1) _____ Tennis Level: _____ Age: _____

2) _____ Tennis Level: _____ Age: _____

Mailing Address:

Phone # _____

Weeks (please check):

1. July 4 - July 8	<input type="checkbox"/>	2. July 11 - July 15	<input type="checkbox"/>	3. July 18 - July 22	<input type="checkbox"/>	4. July 26 - July 29	<input type="checkbox"/>
5. Aug 1 - Aug 5	<input type="checkbox"/>	6. Aug 8 - Aug 12	<input type="checkbox"/>	7. Aug 15 - Aug 19	<input type="checkbox"/>	8. Aug 22 - Aug 26	<input type="checkbox"/>

Total Amount Enclosed: \$ _____

NOTE: Receipts can ONLY be issued at time of payment.

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

Marnie Wraith
39 Rolling Court
King City, ON
L7B 1E8

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: _____