

Kew Gardens Tennis Club

# Junior Elite Programs 2009

## Registration Form (Please print clearly)

Child's name: \_\_\_\_\_

Female  Male  Age: \_\_\_\_\_ Birth date (d/m/y): \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_ I am a KGTC member: Yes  No

Mother's Phone (Res.): \_\_\_\_\_ (Bus.): \_\_\_\_\_ Email: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_ I am a KGTC member: Yes  No

Father's Phone (Res.): \_\_\_\_\_ (Bus.): \_\_\_\_\_ Email: \_\_\_\_\_

Who is authorized to pick child up? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (Res.): \_\_\_\_\_ (Bus.): \_\_\_\_\_

Child's Health Card #: \_\_\_\_\_

Medical Information (allergies, etc.) \_\_\_\_\_

Ranking: National  Provincial  None  Age group: Under 10  Under 12  Under 14  Under 16

How many years has your child been playing tennis? \_\_\_\_\_

### Sessions

Please check the session(s) that your child will be attending: Session 1  Session 2  Session 3  All Sessions

	Date	Days per week	Time	Cost
<b>Session 1</b> (8 weeks, 3 times per week)	Apr. 27 – June 19	Monday, Wednesday, Friday	4:00 pm – 6:30 pm	TBA
<b>Session 2</b> (6 weeks, 3 times per week)	July 13 – Aug. 21	Monday, Wednesday, Friday	4:00 pm – 6:30 pm	TBA
<b>Session 3</b> (5 weeks, 3 times per week)	Aug 31 – Oct. 2	Monday, Wednesday, Friday	4:00 pm – 6:30 pm	TBA

Each day in every session includes a half hour of off-court training.  
 If you pre-book and pay for all 3 sessions at once, the total cost is reduced to TBA per child.  
Participating 3 days per week is mandatory in any session.  
 Please make cheques payable to Kew Gardens Tennis Club.

**RELEASE:** By acceptance of this registration for my child, I hereby discharge Kew Gardens Tennis Club, its officers, directors and staff, of any liability whatsoever arising as a result of his/her participation. I declare that this release is binding upon me, my administrators and the assigned.

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