



Erin Mills Tennis Junior Clinic Tennis Registration Form

Last Name: _____ First Name: _____

Parent/Guardian Name: _____ Relationship _____

Home Tel: _____ Business Tel: _____ Cell: _____

Home Address: _____

City: _____ Postal Code: _____

Email address: _____

Age (last birthday) _____ DOB: _____

Emergency Contact Name: _____ Phone: _____

Contact: Amanda Arkaev – amandaheadtennispro@gmail.com – (647)975-0063

Clinics Dates and Times: July 10th- August 28th 4:1 Ratio (any day missed by rain will be made up at the end)

Fridays 5:00-6:00 8 clinics \$160 per kid. (Little tennis 5-8yrs) PLEASE Circle ONE

Fridays 6-7pm 8 clinics \$160 per kid. (9 yrs and up)

I am allowing my child / children to participate in the Erin Mills Tennis Club Junior Tennis, and I give Erin Mills and its staff authority to act on my behalf. I release and indemnify EMTC, its owners, directors, management, agents and employees from any claims for damages arising as a result of any injury or accident, however caused, while my child is participating in the Erin Mills Tennis Club program.

I consent to the use of my child's / children's likeness for publicity purposes. I accept the above terms and conditions.

Date: _____

I accept the above terms and conditions. Date: _____

Signature of Parent / Guardian: _____ Print name: _____

Make etransfers to: amandaheadtennispro@gmail.com