



Erin Mills Tennis Camp 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: _____ Health Card Number (required) _____

Emergency Contact Name: _____ Phone: _____

Physician: _____ Phone: _____

Allergies: _____

Carries EPEPEN: _____

Medic Alert _____ Please list any medical information, physical or emotional that may be helpful to our staff:

Contact: Amanda Arkaev – amandaheadtennispro@gmail.com – (Make e-transfer to amandaheadtennispro@gmail.com)
Please note no refunds or credits, only week changes if applicable.

Camp Weeks (Circle all applicable) July 3rd/10th/ 17th /24th/31st, August 8th(short week) 14th rain dates any week 5 days - \$160 (9:00am-11:30am)

I am allowing my child / children to participate in the Erin Mills Tennis Camp, and I give EMTC and its staff authority to act on my behalf. I release and indemnify EMTC, its owners, directors, management 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 Camp program.

I accept the above terms and conditions. Date: _____

Signature of Parent / Guardian: _____ Print name: _____

Amount Paid: _____ Date Paid: _____ Method: _____