



**FITNESS
INSTITUTE®**
TENNIS ACADEMY

APPLICATION FORM

Thank you for choosing Fitness Institute Tennis Academy (FITA) Junior Tennis Camps. We are committed to offering optimal tennis skills development in a safe and friendly environment supervised by certified and energetic professionals.

NAME: _____ EMERGENCY CONTACT: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE (H): _____ WORK/CELL: _____

EMAIL ADDRESS: _____ BIRTHDATE: _____

HEALTH CARD #: _____ ALLERGIES: _____

PLEASE ENROLL ME FOR:

RECREATIONAL HALF DAY

CAMP # _____

RECREATIONAL FULL DAY

CAMP # _____

PAYMENT METHOD (If paying by cheque, please make cheque payable to Fitness Institute North York)

AUTHORIZED PAYMENT: MEMBER # _____

CREDIT CARD CHEQUE CHIT CASH

CARD #: _____ EXPIRY DATE: _____

SIGNATURE: _____ DATE: _____

I, _____, in consideration of the benefits expected to be derived from the admission of my child(ren) to FITA Tennis Camp, hereby remise, release and forever discharge the said Fitness Institute Tennis Camp, its servants and agents, members and parents of and from any and all actions, cause of actions, claims and demands whatsoever in any way arising out of injury or illness of myself or my child(ren) or loss or damage to property occurring during or as result of anything done left undone by the FITA Tennis Camp, or any other persons hereby released in connection with the operation of the FITA Tennis Camp or anything arranged by it to take place outside of its training premises. If at any time, due to circumstances of accident or sudden illness, medical treatment is necessary, this may be given. The above will enable a physician to give necessary treatment in the case of an emergency situation where parents cannot be reached. It is understood that every effort will be made to contact the parents. I/we, the undersigned have read and agree to the terms and conditions of this brochure.

NAME OF GUARDIAN

SIGNATURE: