



**FITNESS  
INSTITUTE\***  
TENNIS ACADEMY

# REGISTRATION FORM-Summer 2011

Thank you for choosing Fitness Institute Tennis Academy (FITA).  
To enroll in the FITA, please fill out the form and contact/fax/email our  
**Racquets Director**  
T: (416) 491-5830 ext. 224 F: (416) 491-5212 E: tennis@fitnessinstitute.com

PARTICIPANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

GUARDIAN/PARENT NAME: \_\_\_\_\_

ALLERGIES/SPECIAL REQUIREMENTS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PLEASE CHECK THE APPROPRIATE WEEK:**

<b>CAMP #1 July 4 – 8</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #2 July 11 – 15</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #3 July 18 – 22</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #4 July 25 – 29</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #5 August 2 – 5 *(4 Day Camp)</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #6 August 8 – 12</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #7 August 15 - 19</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #8 August 22 – 26</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____
<b>CAMP #9 August 29 – September 2</b>	<b>FULL DAY</b> _____	<b>HALF DAY</b> _____

**FEES (WEEKLY): FULL DAY: \$249+HST      HALF DAY: \$125+HST      EXTENDED HOURS: \$50+HST**

**METHOD OF PAYMENT:** Fees Enclosed: \$ \_\_\_\_\_  Cheque payable to Fitness Institute North York

VISA or MC #: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**WAIVER AGREEMENT: (FITNESS INSTITUTE TENNIS ACADEMY)**

I, \_\_\_\_\_, in consideration of the benefits expected to be derived from the admission of myself or my child/children to Fitness Institute Tennis Academy, hereby remise, release and forever discharge the said Fitness Institute Tennis Academy, 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/children or loss or damage to property occurring during or as a result of anything done left undone by the Fitness Institute Tennis Academy, or any or other persons hereby released in connection with the operation of the Fitness Institute Tennis Academy or anything arranged by it to take place outside of it 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.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_

\_\_\_\_\_  
NAME OF GUARDIAN/PARENT

\_\_\_\_\_  
SIGNATURE: