



FITNESS
INSTITUTE*

Weekend Junior Tennis Program Registration Form - No Membership Required

Saturday January 14th – Saturday March 31st, 2012

Day	Time	Level	Age	Cost (HST extra)
Saturday	3:00 pm – 4:00 pm	First Serve	4-7 yrs.	\$199
Saturday	4:00 pm – 5:30 pm	Rookies	8-10 yrs.	\$289
Saturday	5:30 pm – 7:00 pm	All-Stars	11-15 yrs.	\$289
Saturday	7:00 pm – 8:30 pm	Elite	12+ yrs.	\$289

- ⇒ No sessions on March 10th and 17th due to March break
- ⇒ As all Participants will be evaluated, a change of group maybe be recommended
- ⇒ As space is limited, Registration Fees are not refundable after first 2 weeks
- ⇒ Children must not be left unattended at the Fitness Institute prior to or after their court time
- ⇒ Participation in this Program does not include access to any fitness facilities
- ⇒ Participants must be accompanied by their Parent if visiting the restaurant or the Sports Medicine Clinic.

Participant's Name: _____ Age: _____

Address: _____ Phone No.: _____

Email: _____ Allergies/Special Requirements: _____

Emergency Contact Name & Relationship: _____

Contact Phone No.: _____

Method of Payment:

VISA or MC #: _____ Expiry Date: ____/____/____

Signature: _____ Fees Enclosed by Chq: \$ _____
(Cheques payable to Fitness Institute North York)

I, _____, in consideration of the benefits expected to be derived from the admission of my child/children to the Fitness Institute North York, hereby remise, release and forever discharge the said Fitness Institute North York, its servants and agents, members and parents of and from any and all actions, cause of actions, claims and demands whatsoever in anyway 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 North York, or any or other persons hereby released in connection with the operation of the Fitness Institute North York 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/Guardian Signature

Parent/Guardian Name (please print)

Date (dd/mm/yy)