

Program application form

Student's name: _____

Address: _____

Date of birth: ___/___/___ Age: _____

Phone (day/evening): _____

Phone (cell): _____

Email: _____

Parents' names: _____

Work phone: _____

PLEASE MAKE CHEQUES PAYABLE TO: Irving/Zak Co.

MAIL TO: 23 Ravenrock Court, Toronto, Ont. M3A 2Y8

We cannot accept credit card payments.

RELEASE WAIVER & ASSUMPTION OF RISK AGREEMENT

I, _____, the parent/guardian hereby acknowledge and agree that, in consideration of my child's participation in the Don Mills Tennis Club's tennis program instruction.

1. I do hereby RELEASE AND FOREVER DISCHARGE AND SAVE HARMLESS AND INDEMNIFY Don Mills Tennis Club & North York Tennis Association, their members, officers, directors, employees, independent contractors and agents from any and all actions, recourse, claims and causes of action of any kind whatsoever in respect of all personal injuries or property losses, which my child may suffer arising out of or connected with my child's participation in the programs, notwithstanding that such injuries or losses may have been caused solely or partly by NEGLIGENCE of the Don Mills Tennis Club & North York Tennis Association, its members, officers, directors, employees, independent contractors and agents.

2. I do hereby acknowledge and agree:

a. that I have carefully read this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT, that I fully understand same, and that I am freely and voluntarily executing same.

b. that I understand clearly that by signing this release I will be forever prevented from suing or otherwise claiming against Don Mills Tennis Club & North York Tennis Association, their members, officers, directors, employees, independent contractors and agents for any loss or damage connected with property loss or personal injury that my child may sustain while participating in the programs, whether or not such loss or injury is caused solely or partly by the NEGLIGENCE of the Don Mills Tennis Club & North York Tennis Association, their members, officers, directors, employees, independent contractors and agents.

c. that I understand that my child will not be allowed to participate in the programs unless this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT is signed.

d. that this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT is binding upon the undersigned and their heirs, executors, administrators, personal representatives and assigns.

e. that I understand clearly that Don Mills Tennis Club & North York Tennis Association shall be deemed to be acting for itself and as an agent on behalf of and for the benefit of their members, officers, directors, employees, independent contractors and agents for the purposes set out in the above stated clauses of this agreement and that I am of sufficient age mental capacity to sign this RELEASE WAIVER AND ASSUMPTIONS OF RISK MANAGEMENT.

Parents/Guardian Name: _____

Date _____ Signature _____

Witness _____ Signature _____

IMPORTANT NOTICE: ONCE A PLAYER HAS BEEN ACCEPTED, THERE ARE NO REFUNDS, UNLESS A SUITABLE REPLACEMENT CAN BE FOUND.

Join Don Mills Tennis Club

ALL PROGRAM PARTICIPANTS MUST BE MEMBERS OF DON MILLS TC. Our low-cost Junior membership includes free designated court time.

Spring Sessions

TOTS (6-7 yrs): 1 day/wk., 8 weeks, 2 hrs/wk., 4:30 – 6:30

Week of: May 10, 17, 25, 31, June 7, 14, 21, 28.

Specify day(s): Mon. Wed. Fri.

Cost: \$110 per person/session. Please multiply by days.

BEGINNER: 1 day/wk., 8 weeks, 2 hrs/wk., 4:30 – 6:30 PM

Week of: May 10, 17, 25, 31, June 7, 14, 21, 28.

Specify day(s): Mon. Wed. Fri.

Cost: \$125 per person/session. Please multiply by days.

INTERMEDIATE: 1 day/wk., 8 weeks, 2 hrs/wk., 4:30 – 6:30

Week of: May 10, 17, 25, 31, June 7, 14, 21, 28.

Specify day(s): Mon. Wed. Fri.

Cost: \$165 per person/session. Please multiply by days.

Fall Sessions

TOTS (6-7 yrs): 1 day/wk., 6 weeks, 2 hrs/wk., 4:30 – 6:30

Week of: Sep. 7, 13, 20, 27, Oct. 4, 12

Specify day(s): Mon. Wed. Fri.

Cost: \$90 per person/session. Please multiply by days.

BEGINNER: 1 day/wk., 8 weeks, 2 hrs/wk., 4:30 – 6:30 PM

Week of: Sep. 7, 13, 20, 27, Oct. 4, 12

Specify day(s): Mon. Wed. Fri.

Cost: \$95 per person/session. Please multiply by days.

INTERMEDIATE: 1 day/wk., 8 weeks, 2 hrs/wk., 4:30 – 6:30

Week of: Sep. 7, 13, 20, 27, Oct. 4, 12

Specify day(s): Mon. Wed. Fri.

Cost: \$125 person/session. Please multiply by days.

Summer Camp

July & August, 9 am – 4 pm.

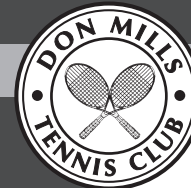
(Extended hrs. 8:30 am – 4:30 pm). Full or Half day.

Saturday Play & League

Join us every Saturday 9 am – 12 pm for a Junior, play time. It's free to all Junior DMTC members.

Questions

Contact Peter Zak. at 416 444 5151 or peterzak@rogers.com.



Spring/Fall 2010

After-school Junior Program



Tennis Programs

IN PARTNERSHIP WITH



We're on the ball!