

2016 SUMMER CAMP

DON MILLS TENNIS CLUB

Name (Junior): _____ Date of birth: _____ Age: _____

Name (Parent): _____ Phone: _____ E-mail: _____

Does your child have any food allergies or health concerns, we should be aware of? (Please give details).

Please circle the session(s) you are interested in and total.

Juniors (ages 4-17) Mon - Fri Week # and Dates	Half Days: 9:00 am - 12:00 pm	Half Days: 1:00 pm - 4:00pm	Full Days: 9:00 am - 4:00 pm	TOTAL
#1: June 20 - 24	\$ 195	\$ 195	\$ 295	
#2: June 27 - 30 (4 days)	\$ 156	\$ 156	\$ 236	
#3: July 4 - 8	\$ 195	\$ 195	\$ 295	
#4: July 11 - 15	\$ 195	\$ 195	\$ 295	
#5: July 18 - 22	\$ 195	\$ 195	\$ 295	
#6: July 25 - 29	\$ 195	\$ 195	\$ 295	
#7: Aug 2 - 5 (4 days)	\$ 156	\$ 156	\$ 236	
#8: Aug 8 - 12	\$ 195	\$ 195	\$ 295	
#9: Aug 15 - 19	\$ 195	\$ 195	\$ 295	
#10: Aug 22 - 26	\$ 195	\$ 195	\$ 295	
#11: Aug 29 - Sep 2	\$ 195	\$ 195	\$ 295	

Early drop-off (8:30 am) and/or late pick-up (5:00 pm) - \$15/day

1 Full day (9:00 am - 4:00 pm) - \$90

1 Half day (9:00 am - 12:00 pm or 1:00 pm - 4:00 pm) - \$60

Cheque payable to Pavlo Lupych

Please send mail to 7 Beaumont Pl., Thornhill, ON L4J 4X3 or drop off at Don Mills Tennis Club.

IMPORTANT NOTICE: Camp runs rain or shine – no make-up days provided for days missed. Full days - please provide a lunch. Pizza lunch is provided on Fridays. Air-conditioned clubhouse.

QUESTIONS: contact Head Coach Pavel Lupych at 416-880-4690 or pavlo.lupych@gmail.com

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 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 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, 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 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 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.

Parent/Guardian Name: _____ Signature: _____ Date: _____