

2010 SWCPTC Junior High Performance Registration Form

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday (d/m/y): \_\_\_\_\_

Years of playing experience: \_\_\_\_\_ OTA Ranking: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Medical Info (allergies, medical conditions, etc.) \_\_\_\_\_

\_\_\_\_\_

<p><b><u>Monday &amp; Wednesday</u></b> 4-6pm (on court) &amp; 6-6:30 (off court-mandatory)</p> <p><b><u>SPRING</u></b> <input type="checkbox"/> April 26<sup>th</sup> - June 28<sup>th</sup> - \$720 (5 hrs per week for 9 weeks - <i>no clinic on May 24<sup>th</sup></i>)</p> <p><b><u>FALL</u></b> <input type="checkbox"/> Sept. 8<sup>th</sup> - Oct. 13<sup>th</sup> - \$400 (5 hrs per week for 5 weeks - <i>no clinic on Oct. 11<sup>th</sup></i>)</p>
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Would you like try out for the SWCPTC Junior Team?       YES       NO

Would you like to play in the Junior House League?       YES       NO

**Before July 1st add 5% GST, After July 1<sup>st</sup> add 13% HST**

Payment Enclosed: \_\_\_\_\_ Cash/Cheque Payable to: DANIEL SALMON

Forms and Payment to be delivered to: Daniel Salmon, 133 Kalmar Ave, Scarborough, ON M1N 3G6

**Parental Consent:** I understand that Daniel Salmon, the club, its employees and management will undertake to provide a reasonably safe and secure environment for my child and his/her possessions. I am satisfied that the necessary precautions and procedures are in place to minimize any injury or loss. I will not hold the club, its employees and agents responsible in the event of any accident or loss. If, as a result of sudden illness or accident, medical treatment is necessary, I agree to allow the club to use its judgment and allow physicians to take emergency measures. I give permission for my child to participate in any supervised off-site excursions that are organized as part of the camp programming.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_