## **INDOOR TENNIS CAMPS – Winter 2020**

## **Please Print**

Participants Name:	Age:	Male/Female
Parents Name:		
Emergency contact:		<del></del>
Phone Number:		
Email Address:		
Please list and medical conditions or allerg	gies: 	
Sessions Requested		
Dates		
Times		
Age Group		
*Cost: \$240 + GST= \$	252.00 (12 lessons	5)
*Parents are invited to use the fitness facility during *Cancellations are accepted up to 14 days prior		
Release, Waiver & Assumption of Risk Ag	reement:	
It is our policy to notify a parent or g attention. If we are unable to contact the required.	ne parent or guardi	an, we will activate EMS if
<ol> <li>I the undersigned hereby acknowledge &amp;/or events might result in personal injufully understand these risks &amp; hereb participate voluntarily &amp; at my own risk.</li> </ol>	ıry, property damag	ge, loss & possibly death. I
Signature:	Date:	
For Office Use only:		
Class Registered for:		
Class Fees: +GST:		
Paid by:	=	

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