



**REGISTRATION FORM
FALL AFTER-SCHOOL TENNIS PROGRAM
SEPT 10 – OCT 18 2018**

Name: _____ **DOB:** _____ **Age** _____
dd/mm/yy

Parent/Guardian: _____

Address: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail: _____

AGES 5 –10 (4:00 – 5:30PM): MONDAYS AND/OR WEDNESDAYS

1 DAY/WEEK (9 Hrs) \$165

2 DAYS/WEEK (18 Hrs) \$300

AGES 10 –14 (4:00 - 5:30PM) : TUESDAYS AND/OR THURSDAYS

1 DAY/WEEK (9 Hrs) \$165

2 DAYS/WEEK (18 Hrs) \$300

SELECT	AFTER-SCHOOL CLINICS			COST
	Mondays	Sept 10 – 17 - 24	Oct 1-8-15	\$
	Tuesdays	Sept 11 - 18 – 25	Oct 2-9-16	\$
	Wednesdays	Sept 12 - 19 - 26	Oct 3-10-17	\$
	Thursdays	Sept 13 - 20 - 27	Oct 4-11-18	\$
	TOTAL			

Payable to RLTC: **Cheque No:** _____ **Amount \$** _____

Credit Card: _____

Expiry _____

Please forward your completed registration form and attach signed Terms and Conditions of Registration form to the Club Manager (manager@rltctennis.ca) of the Rockcliffe Lawn Tennis Club or at the Clubhouse before Sept 2nd.

ALL RLTC CAMPS AND CLINICS ARE DESIGNATED "PEANUT FREE".
PLEASE DO NOT SEND ANY PEANUT PRODUCTS WITH YOUR CHILD.

Rockcliffe Lawn Tennis Club
Junior After School Program and Summer Tennis Camps
Terms and Conditions of Registration for 2018

Please read these Terms and Conditions carefully and sign below

Conditions of Registration

In consideration of the Rockcliffe Lawn Tennis Club ("the Club") accepting the participant's application in the program, the participant agrees to adhere to all rules and regulations, policies and procedures in respect to the program and to abide by all terms and conditions of registration.

Program Withdrawals

The Club will charge an administration fee of \$50 when a participant or parent/guardian of the participant requests to withdraw from a program 7 days or less before the program start date. The participant or parent/guardian of the participant may receive a credit on account with the Club or a refund subject to the reduction by the amount of the established administration fee provided he/she shows proof of payment.

Returned Cheque Fee

A \$25.00 service fee will be levied on all cheques returned as Non-Sufficient Funds (NSF); Stop Payment; or Funds Not Cleared.

Severe Allergies

It is the responsibility of the participant or parent/guardian of the participant to identify themselves or their child(ren) if they have a severe allergy and require an EpiPen or have any other medical condition that the Club should know about.

Indemnification

I, as the participant or on behalf of the participant, agree that by registering in the program, the participant is knowingly and freely assuming certain injury and legal related risks. An individual's participation in the program will be deemed to indicate acceptance of such risks. The participant, his/her heirs, executors and administrators agree to indemnify and hold harmless the Club liable from all claims, demands, actions or causes of action, loss, costs or damages that the Club may suffer, incur or be liable for in relation to any injury the participant may suffer or cause to others in connection with his/her negligence or actions while participating in the program. Furthermore, the participant, or parent/guardian of the participant, is unaware of any health-related problems that the participant may have that could cause injury to himself/herself while participating in the program.

Acknowledgement

I, as the participant, or on behalf of the participant, acknowledge being the full age of 18 years or over. I also acknowledge having carefully read, understood and agreed to the above Terms and Conditions of Registration.

Signature of Participant Parent or Guardian

Date

I, as the participant, or on behalf of the participant, give permission to the Rockcliffe Lawn Tennis Club to take photos of my child for promotional purposes.

Signature of Participant Parent or Guardian

Date