

**HOWARD PARK TENNIS CLUB
ADULT LESSON REGISTRATION FORM**

Name _____

Address _____

Telephone (res) _____

(bus or cell) _____

e-mail _____

Clinic Name: _____

Session number: _____

Cost \$ _____ +GST _____ Total \$ _____

Clinic Name: _____

Session number: _____

Cost \$ _____ +GST _____ Total \$ _____

Payment: ___ Cash / ___ Cheque

Pls. make cheques payable to **Armstrong Tennis Academy**

A 48 hour cancellation notice is required for refund.

A \$10 Admin. Fee applies to cancellations.

Registration forms and payment can be dropped off at the
Howard Park clubhouse or mailed to:

✉: **ARMSTRONG TENNIS ACADEMY**
c/o **BEN ARMSTRONG**
63 RAYMORE DR.
TORONTO, ONT. M9P 1W8

Waiver Agreement

In consideration of the benefits expected to be derived from the admission of myself, I hereby remise, release and forever discharge the Armstrong Tennis Academy, their servants and agents, members and participants of and from any and all actions, causes of actions, claims and demands whatsoever in any way arising out of injury or illness of myself or loss or damage to property occurring during or as a result of anything done or left undone by the professionals or any of the other persons hereby released in connection with the operation of the Tennis clinics or anything arranged by it to take place outside of its training premises. In witness whereof we have hereunto set our hands and seals this _____ day of _____ 2008

Name of participant

Date

Witness

Date