HOWARD PARK TENNIS CLUB
ADULT LESSON REGISTRATION FORM

Name_____
Address_____
_____
Telephone (res)_____
(bus or cell)_____
e-mail_____

Clinic Name: _____
Session number:_____
Cost $_____

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Session number:_____
Cost $_____

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 Pk. 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 _____ 2009

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Name of participant Date

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Witness Date

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