2010 HPTC SPRING AFTER-SCHOOL Lesson REGISTRATION FORM

Name_____ Age_____
Parents_____
Address_____
_____
Telephone(res)_____(bus/cell)_____
e-mail_____

Clinic Name:_____Time_____

Session 1	❑1 day/wk (Mon❑ Wed❑)	$65 + 8.45=	**$73.45**
	❑2 day/wk	$120 + 15.60=	**$135.60**
Session 2	❑1 day/wk (Mon❑ Wed❑)	$65 + 8.45=	**$73.45**
	❑2 day/wk	$120 + 15.60=	**$135.60**
Session 1&2	❑1 day/wk (Mon❑ Wed❑)		**$135.60**
	❑2 day/wk	$220 + 28.60=	**$248.60**

Total (incl. HST) **$____.___** ❑Cash ❑Cheque
Pls. make cheques payable to **Armstrong Tennis Academy**

Registration forms and payment can be dropped off at **HPTC** clubhouse, **GAME SET MATCH Tennis Boutique** (782 Annette St.) or mailed to **Armstrong Tennis Academy**
63 Raymore Dr. Toronto, Ont. M9P 1W8

48 hr cancellation notice required -$15 admin. fee applies

Waiver Agreement
In consideration of the benefits expected to be derived from the admission of myself, I hereby remise, release and forever discharge the tennis professionals, 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 _____ 2010

_____ _____
Name of participant Date

_____ _____
Parent's (Guardian's) Signature Date

_____ _____
Witness Date

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