



KTC TENNIS / SPORTS CAMPS

P.O. Box 621
Kingston, Ontario K7L 4X1
Tel.: (613) 542-2467
www.kingstontennisclub.com

Name (participant): _____ Date of Birth: _____
Address _____ Age: _____
_____ Phone: _____
Email Address _____

T-shirt Size: 10-12 12-14 XS S M L

SESSIONS	TENNIS & SPORTS CAMP		TENNIS CAMP			
	9:00 a.m. – 4:00 p.m. (Ages 7 – 17)	9:00 a.m. – Noon (Ages 6 – 17)	2:30 p.m. – 4:00 p.m. (Ages 5 – 17)		10:30 a.m. – Noon (Ages 5 – 17)	
	CAMP (lunch incl.)	CAMP	LUNCH	CAMP	LUNCH	CAMP
June 29th – July 3 *						
July 6 – July 10						
July 13 – July 17						
July 20 – July 24						
July 27 – July 31						
Aug 3 – Aug 7 *						
Aug 10 – Aug 14						
Aug 17 – Aug 21						
Aug 24 – Aug 28						
Fees per Session - Member	\$ 190	\$ 100	\$ 30	\$ 55	\$ 30	\$ 55
- Non- Member	\$ 200	\$ 110	\$ 30	\$ 65	\$ 30	\$ 65

* 4 day package where one day is a holiday: Fees will be prorated accordingly

Emergency Contacts: 1. _____ Phone (home): _____ Work: _____
2. _____ Phone (home): _____ Work: _____
Ontario Health Card # _____ Doctor: _____ Phone: _____

Please list any medical conditions of which we should be aware that may make the participant more prone to illness or injury: _____

Please note any allergies or foods that the participant may not have: _____

**NOTES: We strongly recommend SUNSCREEN and HATS for all participants.
SHOES WITH NON-MARKING SOLES ARE REQUIRED.**

Every effort will be made to protect the health and safety of the participants through the supervision and training of staff. Sport activities will include softball, flags, soccer, and other appropriate activities. ALL CAMPS WILL BE HELD RAIN OR SHINE, with suitable indoor activities planned for rainy days. Some activities will be held at alternate indoor /outdoor facilities, and the participants will walk to and from other locations under the supervision of the instructors.

**SPACE IS LIMITED – REGISTER EARLY TO AVOID DISAPPOINTMENT.
PAYMENT MUST ACCOMPANY REGISTRATION FORM (POST-DATED CHEQUES ACCEPTED)**

I acknowledge that the Kingston Tennis Club assumes no responsibility for accidents or illness due to the nature of the activities.

Name of Parent or Guardian _____ Date _____
Please print

Signature: _____

KTC REFUND POLICY: Authorized refunds will be issued by cheque only and mailed to the applicant within 30 days of request.
1. Requests for refunds **received in writing** at KTC at least 7 days before the start of the program will be reimbursed 100%. Within 7 days of the start of the program - 50% refund.
2. For **certified medical reasons only**, refunds will be issued on a pro-rated basis. Refund requests are subject to a fee of \$10.00 or 15% whichever is greater.