



JUNIOR TENNIS CAMP 2010 APPLICATION

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

Name (participant): _____
 Address: _____

 Email: _____

Date of Birth: _____
 Age: _____
 Phone: _____
 Preferred T-shirt Size: _____

JUNIOR TENNIS CAMP SESSIONS	FULL DAY TENNIS Ages 7-17	HALF DAY TENNIS Ages 5-17			BEFORE & AFTER CAMP SUPERVISION	
	CAMP (lunch incl.)	MORNING	AFTERNOON	LUNCH	8:00 – 9:00 A.M.	4:00 – 5:00 P.M.
June 28 – July 2*						
July 5 – July 9						
July 12 – July 16						
July 19 – July 23						
July 26 – July 30						
Aug 3– Aug 6*						
Aug 9 – Aug 13						
Aug 16 – Aug 20						
Aug 23 – Aug 27						
Fees per Session - Member	\$ 200	\$105	\$105	\$ 30	\$25	\$ 25
- Non- Member	\$ 210	\$115	\$115	\$ 30	\$25	\$ 25

* 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.

Signature of Parent or Guardian

KTC REFUND POLICY:

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.
3. Authorised refunds will be issued by cheque only and mailed to the applicant within 30 days of request.