



Doug Philpott Children's Tennis Camp Application and Release Form 2017

Site: North York Winter Tennis Club (Peanut Plaza)

Child's Name: _____ Date of Birth_(dd/mm/yy): _____

Address: _____ Postal Code: _____

Parent/Guardian: _____ Home #: _____

Email#: _____ Cell #: _____

During the summer I took Philpott Tennis lessons at: _____

Registration (pls check)

_____ Fall Session : Oct 21, Nov 4 & 18, Dec 2 & 16, 2017

Time: (pls circle) 6 -7 pm for 6 –8 years olds **OR** 7 - 8 pm for 9 – 12 year olds

_____ Winter Session : Jan 6 & 20, Feb 3 & 17, Mar 3 & 17 & 31, April 14, 2018

Time: (pls circle) 6 -7 pm for 6 –8 years old **OR** 7 - 8 pm for 9 – 12 year olds

In signing this release, I acknowledge that I understand the intent and effect of this release, and hereby fully agree and absolve and hold harmless the Doug Philpott Inner City Children's Tennis Fund its corporate sponsors, cooperating organizations and any other parties connected with the Doug Philpott Inner City Children's Tennis Fund and any of its tennis programs or events, singly or collectively, from and against any and all blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of the participation of (child's name) _____ in the tennis program(s) operated by the Doug Philpott Inner City Children's Tennis Fund or any activities associated therewith, including for greater certainty any field trips to professional tennis tournaments in the Toronto area. I hereby consent to and permit emergency treatment of (child's name) _____ in the event of illness or injury. I also give full permission for the use of the name and or photo of (child's name) _____ in connection with his/her participation with the Doug Philpott Inner City Children's Tennis Fund and to release this information to a third party for funding purposes only.

Parent/Guardian Signature

Date