

| Parent/Guardian Information | | | |
|--|--|-------------------------------|---|
| Last Name | | First Name | |
| Address | | City | |
| PC | | E-mail | |
| Primary Phone No | | Cell No | |
| Child/Children's Name(s) | | | |
| Name | Relationship | Birth Date of Child (d/m/yr) | AB Health Care No |
| | | | |
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| | | | |
| Fee | Member | Non-Member | |
| U13-18 | 78.00 | 98.00 | Registration is limited and will be on a "first-come basis". Deadline is August 1. |
| Payment Information | | | |
| Registrations will only be completed when registration form and payment have both been received by mail. Post-dated cheques will not be accepted. | | | |
| Method of Payment (check in box below) | | | |
| Cheque (payable to OTC) <input type="checkbox"/> | Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> | Cash <input type="checkbox"/> | |
| Credit Card No | | Expiry Date | |
| Signature | | PIN | |
| Credit Card Holder Name | | Total Amount | |
| Mail registration to: Okotoks Tennis Centre, Box 266, Stn Main, Okotoks, AB T1S 1A5 | | | |



Junior (13-18) Summer Clinic Registration
 August 14-18 – 2017
 101 Waldron Avenue, Tower Hill Courts

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|---|-----|--------------------------|-----------------------------|
| Medical Info | | | |
| Emergency Contact | | | |
| Name | | Home Phone | |
| Relationship | | Cell No | |
| Are there any medical concerns that we should be aware of? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, please provide details below: | | | |
| | | | |
| Waiver | | | |
| <p>I, and on behalf of any other persons included as program participants, agree to abide by all OTC bylaws, rules and regulations, including proper court behaviour and dress. In addition, I, my heirs, executors and administrators, agree to release the OTC, its agents, servants, officers, directors, successors and assigns of and from any and all claims, demands, actions, causes of actions whatsoever which I have had, now have or shall hereafter have arising out of or relating to any loss, damage, injury including death, or ambulance service costs that may be sustained or incurred by me or any of my property while in, upon or around the premises of the OTC or any place or premises under the control or supervision of the OTC.</p> <p>I further confirm that I, and on behalf of any other persons included under this membership, am endorsing my informed consent and acknowledge that this form acts as proper notice to the collection, use and disclosure of my personal information (necessary to properly complete this form) for OTC purposes.</p> <p>I HAVE READ AND UNDERSTAND THE CONDITIONS OF THIS PARTICIPATION.</p> | | | |
| Signature of Parent/guardian | | Date | |