



Cardio Tennis Registration Indoor Winter 2018 OJ High School

Participant's Name			
Last Name		First Name	
Address		City	
PC		E-mail	
Primary Phone No		Cell No	
AB Health Care No			
Additional Participant(s)			
Name	Relationship	Birth Date of Child under 18 (d/m/yr)	AB Health Care No
<i>12 Classes for \$134.00</i>			
Check your first preference for time/day and all effort will be made to accommodate			
Tuesdays:	7:30 – 8:30 PM <input type="checkbox"/>	Jan 9, 16,23, 30; Feb 6, 13, 20, 27; Mar 6, 13, 20, 27	
	8:30 – 9:30 PM <input type="checkbox"/>		
Thursdays:	7:30 – 8:30 PM <input type="checkbox"/>	Jan 11, 18, 25 Feb 1, 8, 15, 22 Mar 1, 8, 15 22, 29	
Registration deadline December 08, 2017			
Payment Information			
<i>Registrations will only be completed when registration form and payment have both been received by mail. Post-dated cheques will not be accepted.</i>			
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			



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Medical Info			
Emergency Contact			
Name		Home Phone	
Relationship		Cell No	
Are there any medical concerns or special assistance needs 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 Participant		Date	