



## **REGISTRATION FORM FOR 2017-2018 FALL-WINTER INDOOR TENNIS PROGRAMS**

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PLEASE PRINT	AND FILL IN ALL TH	E INFORMA	TION REQUIR	ED BELC	ow .
PLAYER'S FIRST NAME:		LAST NAME:			
Address:		Apt#: Child's Birth Date: Year/Month/Day			
Addiess.		Apt#:	Olina S Birtii Date. Teal/Molitii/Day		
City/Province:		Postal Code:			
Residential #: Business #:			Cell #:		
Residential #:	Cell #:				
Email Address:					
Name of Program:		Dates	Dates Session Ti		Time
Name of Program:		Dates	Session		Time
	EMERGENC	Y CONTAC	Т		
FIRST NAME:		LAST NAME:			
B 11 41 11			<u> </u>	-	
Residential #:	Business #:	Ce		Cell #:	
PLEASE CHECK OFF & ENTE	R PAYMENT AMOUN	T (If by Che	que, please m	ake it to	"Ravi DeSouza")
[] Cheque [] Cash OR []	E-Transfer To	otal Amount	Paid \$		
Top Spin Policies:					
Full Early Bird payment for each 10-12 Full Regular Price payment for each 10 Transfer. All registrations are on a first of Any drop outs of programs, lessons, or No refunds once the session has state. In the event there's insufficient enrolmer. If a program is cancelled prior to startin informed of a rescheduled lesson ASAP. Only players participating in programs, or inside the courts. No cameras, iphop programs/lessons "without consent" facility and the player will no longer proper tennis attire must be worn at all facility. Players are kindly asked to have No Non-Sense rule: All players are ex Player(s) will be warned and if the none provided.  [ } Yes, I hereby consent to receiving the section of the sentence of the section of the sentence of the sente	-12 week session is required.  inted.  There will be no make-ulessons, or corporate events less that intered.  There will be no make-ulessons, or corporate evenes or ipads with taking if seen without permiss participate in the progratimes with "non-marking" a clean change of shoes pected to respect their coon-sense continues then proposed in the programment in the program	ired 1 week p d registrations an 1 week price fied and fees veather condit up classes for ents will be alle pictures or version, the indi- m. 'tennis shoes. to wear insid ach/players/s blayer(s) will be	rior to first day of swill be closed pror to starting date will be refunded. ions, parents/play vacation time or sowed inside the favideo is permittevidual will be im  Any improper she the facility durint taff at all times in the removed from the swill be the facility during the removed from the swill be closed as the facility during the removed from the swill be closed as the facility during the removed from the swill be closed as the facility during the facility during the swill be closed as the facility during the fac	classes pa or to start will only be rers will be sick days. icility, no s d on cour mediately oes will no g inclemer a code of o	id in person or by E- of programs. e refunded 50%.  contacted and pectators permitted on t or during removed from the t be allowed inside the nt weather conditions. conduct manner. n and no refund will be
unsubscribe from receiving such material  By signing below I hereby have provi	ded Top Spin- <i>The Winn</i>				
knowledge and understand and agree representatives or partnership with C occurred during my or my child's par	anlan SportsPlex are no	ot responsibl	e for any persor	al injuries	/ equipment damages
Signature:(Note: If under 18 yrs of age, parent for	guardian's signature is re	quired)	Date:		