



## 2019-2020 REGISTRATION FORM FOR FALL/WINTER INDOOR TENNIS PROGRAMS

| PLEASE PRINT AND FILL IN ALL THE INFORMATION REQUIRED BELOW       |                      |         |            |                            |
|---|----------------------|---------|------------|----------------------------|
| PLAYER'S FIRST NAME:  | LAST NAME:           |         |            | Birth Date: Year/Month/Day |
|   |                      |         |            |                            |
| Address:  |                      |         |            | Unit or Apt#:              |
| City/Province:  |                      |         |            | Postal Code:               |
| City/Frovince.  |                      |         |            | Postal Code:               |
| Residential #:  | Business #: Co       |         | Ce         | II #:                      |
| Email Address:  |                      |         |            |                            |
|   |                      |         |            |                            |
| Name Of Program   |                      | Session | Dates/Time |                            |
|   |                      |         |            |                            |
| EMERGENCY CONTACT   |                      |         |            |                            |
| FIRST NAME: LAST NAME:  |                      |         |            |                            |
| Residential #: Business #: C                                      |                      | Ce      | II #:      |                            |
|   | Dusiness #.          |         | 00         | <i>π</i> .                 |
| PLEASE CHECK OFF PAYMENT PROCEDURE AND ENTER PAYMENT AMOUNT BELOW |                      |         |            |                            |
| Please check box that is applicable to your payment:              |                      |         |            |                            |
| []Cash []Cheque   | Total Amount Paid \$ |         |            |                            |

## Program Policies:

•To register for this indoor program, all players must register with Mohawk Park Tennis Club. This program will be held only at Carmen Corbasson Community Centre at 1399 Cawthra Rd, Mississauga.

No membership is required and program is open to all residents of Mississauga.

For more info./assistance with this form, e-mail clubpro@mohawkparktennis.org or call 416-835-SPIN (7746) Full payment and program form for each session is required in person and must be completed and received no later than the deadline dates. Any drop outs of programs less than **1 week** prior to starting date will only be refunded 50%. No refunds once the session has started.

In the event there's insufficient enrolment, program registrants will be notified.

If a program is cancelled prior to starting time, players will be contacted and informed of a rescheduled lesson as soon as possible due to inclement weather conditions or if the facility is closed. There will be no make-up classes for vacation time or sick days.

Only players participating in programs will be allowed inside the facility, no spectators permitted on or inside the courts.

Any recording during tennis lessons, programs of any sort with any device will not be allowed and is prohibited inside and outside the facility "without permission/consent" due to the "privacy policy" If an individual is seen without permission/consent, the individual/player will be reported and immediately removed from the facility. The player will no longer participate in the program and no refund will be provided.

Proper athletic tennis attire must be worn at all times with "non-marking "tennis shoes. Please have a clean pair of athletic shoes due to inclement weather conditions. No boots, slippers, or barefoot is allowed on court.

By signing below I hereby have provided MPTC and Top Spin-The Winning Edge with all information to my full knowledge and understand and agree to all the above conditions. Top Spin, its employees or partnership with Mohawk Park Tennis Club are not responsible for any personal injuries/equipment loss/damages occurred during my or my child's participation in any of the 2019/2020 indoor tennis programs or lessons. My child, family and I hereby agree to abide by all the policies, rules and regulations.

Signature \_