

Sports Camp Registration

Sports camps are sports-based afternoon activities for juniors 5-17 years of age running from 1 to 4 p.m. Monday to Friday during July and August. This program can be used with CTC TennisCamp (separate registration required) for full-day daycare.

Fill in this form then mail it with a cheque (no cash) to: Cambridge Tennis Club, c/o 170 Chester Drive, *Cambridge*, *Ontario*. *N1T 0B1*.

One registration form per student please



nembers)	Aug. Dates (Cost (Member	rs / Non-members)	
	July 29-Aug. 2 Aug. 06-09 Aug. 12-16 Aug. 19-23 Aug 26-30 Month of August	\$100 \$80 \$100 \$100 \$100	/ \$110 / \$90 / \$110 / \$110 / \$110 / \$530	
website at www.car	mbridgetennisclul	b.org/juniors.	.htm	
?	Parent/guardian	name and phon	ne	
nail Address				
City	Pos	stal Code	Phone	
Club? □Yes [□No			
I give participal swimm may resident. I give participal swimm may resident. I agree our be James sustair	permission for my clean pate in the swimmin pate in the swimmin pate in the swimmin on site to enget/Guardian signature to give James Rollinson and his speed by the named contents.	g portion of ca bu do not want age in other sp linson and/or h gency and to r staff with respe hild participatir	amp activity. Please not your child to swim, he ports activities, with some staff the right to acrelease and indemnify act to injuries otherwis	ote that e or she upervi- t on e
	city City S Club? Yes Ug. 02 Swim I give particit swimn may resion. Parent 0 I agree our be James sustain	Aug. 06-09 Aug. 12-16 Aug. 19-23 Aug 26-30 Month of August website at www.cambridgetennisclul Parent/guardian City Pos S Club? Yes No Swimming Waiver I give permission for my clusted participate in the swimming swimming is optional. If you may remain on site to enguing sion. Parent/Guardian signature I agree to give James Roll our behalf in case of emer James Rollinson and his sustained by the named co	Aug. 06-09 \$80 Aug.12-16 \$100 Aug. 19-23 \$100 Aug 26-30 \$100 Month of August \$480 Website at www.cambridgetennisclub.org/juniors Parent/guardian name and phore The control of the second of the s	Aug. 06-09 \$80 / \$90 Aug.12-16 \$100 / \$110 Aug. 19-23 \$100 / \$110 Aug 26-30 \$100 / \$1110 Month of August \$480 / \$530 website at www.cambridgetennisclub.org/juniors.htm Parent/guardian name and phone S Club? Yes No Swimming Waiver I give permission for my child to walk to the Kinsmen Soper Poparticipate in the swimming portion of camp activity. Please no swimming is optional. If you do not want your child to swim, he may remain on site to engage in other sports activities, with su sion. Parent/Guardian signature I agree to give James Rollinson and/or his staff the right to act our behalf in case of emergency and to release and indemnify James Rollinson and his staff with respect to injuries otherwiss ustained by the named child participating in any camp activity.