



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.

SESSIONS and COSTS

| July Dates | Cost (Members / Non-members) | Aug. Dates | Cost (Members / Non-members) |
|---------------|------------------------------|-----------------|------------------------------|
| July 02-05 | \$80 / \$90 | July 29-Aug. 2 | \$100 / \$110 |
| July 08-12 | \$100 / \$110 | Aug. 06-09 | \$80 / \$90 |
| July 15-19 | \$100 / \$110 | Aug. 12-16 | \$100 / \$110 |
| July 22-26 | \$100 / \$110 | Aug. 19-23 | \$100 / \$110 |
| | | Aug 26-30 | \$100 / \$110 |
| Month of July | \$380 / \$420 | Month of August | \$480 / \$530 |

For more information, refer to the club website at www.cambridgetennisclub.org/juniors.htm

Student Contact Information

| | | |
|------------|-----------|--------------------------------|
| First Name | Last Name | Parent/guardian name and phone |
|------------|-----------|--------------------------------|

| | |
|-----------------------|---------------|
| Birth Date (mm/dd/yy) | Email Address |
|-----------------------|---------------|

| | | | |
|----------------|------|-------------|-------|
| Postal Address | City | Postal Code | Phone |
|----------------|------|-------------|-------|

Are you a member of Cambridge Tennis Club? Yes No

Session(s) registering for:

| | |
|-------------------------------------|--|
| July | August |
| <input type="checkbox"/> July 2-5 | <input type="checkbox"/> July 29-Aug. 02 |
| <input type="checkbox"/> July 8-12 | <input type="checkbox"/> Aug. 06-09 |
| <input type="checkbox"/> July 15-19 | <input type="checkbox"/> Aug. 12-16 |
| <input type="checkbox"/> July 22-26 | <input type="checkbox"/> Aug. 19-23 |
| | <input type="checkbox"/> Aug 26-30 |
| July Total _____ | Aug. Total _____ |

Swimming Waiver

I give permission for my child to walk to the Kinsmen Soper Pool and participate in the swimming portion of camp activity. Please note that swimming is optional. If you do not want your child to swim, he or she may remain on site to engage in other sports activities, with supervision.

Parent/Guardian signature _____

I agree to give James Rollinson and/or his staff the right to act on our behalf in case of emergency and to release and indemnify James Rollinson and his staff with respect to injuries otherwise sustained by the named child participating in any camp activity.

Parent/Guardian signature _____

One registration form per student please