

Casey Curtis's Summer Tennis Camp 2015

Location : Richmondhill Lawn and Tennis Club

Space is limited

INTERNATIONAL

Level : Assessment needed

Time 8:30 am - 11:30am

Date	Cost	
July 6-10	\$290 + HST	
July 13-17	\$290 + HST	
July 20-24	\$290 + HST	
July 27-31	\$290 + HST	
Aug 4-7	\$232 + HST	
Aug 10-14	\$290 + HST	
Aug 17-21	\$290 + HST	
Aug 24-28	\$290 + HST	
	Total	

HOTSHOTS

Level : Beginner to Intermediate

Time 1 pm - 4 pm

Date	Cost	
July 6-10	\$290 + HST	
July 13-17	\$290 + HST	
July 20-24	\$290 + HST	
July 27-31	\$290 + HST	
Aug 4-7	\$232 + HST	
Aug 10-14	\$290 + HST	
Aug 17-21	\$290 + HST	
Aug 24-28	\$290 + HST	
	Total	

Please submit form with payment by cash or chq prior to the start of the program.

Please make cheques payable to PTIG

General Information

Child's Name: _____

Age : _____

Parent/Guardian: _____

Address: _____

Phone: _____ Email _____

Allergies _____

Waiver and Medical Authorization

In consideration of Casey Curtis, PTIG and Tami Curtis allowing my child to participate and train in tennis and fitness, which activity I hereby acknowledge involves greater than normal risk of injury, I agree as my child's parent/guardian to assume all risks, costs, or losses sustained by me, my child, or my child's family as well as the heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof in connection with his/her participation in tennis, programs, camps, lessons, or training.

I give permission to Casey Curtis and Tami Curtis and/or appropriate medical staff or facility to make whatever emergency (first aid, disaster evacuation, etc.) measures as judged necessary for the care and protection of my child while under the supervision of Casey Curtis and Tami Curtis. In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resources (police, rescue squad, etc.) deem it necessary. I understand that my child will be transported at my expense. It is understood that in some medical situations, the staff will need to contact the local emergency resource before informing me, my child's physician, and/or any other adult acting on my behalf.

Further, I, hereby release, agree to defend, indemnify and hold harmless Casey Curtis, PTIG and Tami Curtis, Board of Directors, or volunteers (collectively "Releasees") from any claims, losses or expenses incurred by or on behalf of me, my child, and my child's family, as well as heirs, executors, administrators, legal representatives, assignees, and successors in interest thereof, INCLUDING ANY AND ALL CLAIMS ARISING FROM THE RELEASEES OWN NEGLIGENCE.

Signature: _____ Date: _____

Please Circle One: Mother Father Guardian

We look forward to having another great summer season !

Sincerely,

Tami and Casey

tamicurtis.pt@gmail.com

416 660 0600