

BLACKBURN TENNIS CLUB – HIGH PERFORMANCE JUNIOR TENNIS PROGRAM

First Name _____ Family Name _____ Age: _____ Tel: _____

Four sessions:

May 08 – June 14 ☐ July 2 – July 12 ☐ July 16 – July 26 ☐ August 6 – August 17 ☐

Session hours:

Spring Session: Tuesdays & Thursdays 4:30 p.m. to 6:00 p.m.

July Sessions: Mondays & Wednesdays & Thursdays 5:00 p.m. to 7:00 p.m.

August Session: Mondays & Wednesdays & Fridays 9:00 a.m. to 11:00 a.m.

Waiver : In consideration of the Blackburn Tennis Club's acceptance of my son/daughter as a participant in the Junior Tennis Program, I and my heirs do voluntarily waive and release each and every right and claim for damages that we and each of us have or may have against the Blackburn Tennis Clubs, its agents or representatives for all and any injuries, accidents or mishaps howsoever occasioned.

Signature: _____

Date: _____

Email: _____

Cash: _____ Cheque: _____

Monitor's Signature: _____

BLACKBURN TENNIS CLUB - JUNIOR TENNIS PROGRAM Receipt

First Name _____ Family Name _____ Age: _____ Tel: _____

Full session:

May 08 – June 14 ☐ July 2 – July 12 ☐ July 16 – July 26 ☐ August 6 – August 17 ☐

Session hours:

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July Sessions: Mondays & Wednesdays & Thursdays 5:00 p.m. to 7:00 p.m.

August Session: Mondays & Wednesdays & Fridays 9:00 a.m. to 11:00 a.m.

Total Cost: \$ _____

Amount Paid: \$ _____

Amount Owing: \$ _____

For Information call: Mathieu Pauzé

Cell: 613-222-3850 or

Tennis Club: 613-824-0002