



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 04-07	\$72 / \$80	July 31-Aug. 4	\$90 / \$100
July 10-14	\$90 / \$100	Aug. 08-11	\$72 / \$80
July 17-21	\$90 / \$100	Aug. 14-18	\$90 / \$100
July 24-28	\$90 / \$100	Aug. 21-25	\$90 / \$100
		Aug 28-Sept. 1	\$90 / \$100
Month of July	\$342 / \$380	Month of August	\$432 / \$480

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
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Birth Date (mm/dd/yy)	Email Address
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Postal Address	City	Postal Code	Phone
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Are you a member of Cambridge Tennis Club? Yes No

Session(s) registering for:

July	August
<input type="checkbox"/> July 4-7	<input type="checkbox"/> July 31-Aug. 4
<input type="checkbox"/> July 10-14	<input type="checkbox"/> Aug. 8-11
<input type="checkbox"/> July 17-21	<input type="checkbox"/> Aug. 14-18
<input type="checkbox"/> July 24-28	<input type="checkbox"/> Aug. 21-25
<input type="checkbox"/> Month of July	<input type="checkbox"/> Aug 28-Sept. 1
	<input type="checkbox"/> Month of August
July Amount _____	Aug. Amount _____

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