

**2021 CVTC Fall Recreational & High Performance Program Registration**

**(September 7th – October 8th)**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

Membership receipt’s number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Level (experience): Beginner (0-2 yrs.) Intermediate (2-3 yrs.) Advanced (3yrs and more)

Parent’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone (direct contact) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of person(s) who is authorized to pick up children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECREATIONAL

Please select days/times (pick 1 or 2):

**Little Aces**/ages 5-8 & **Smashing Aces**/ages 8-10

MONDAY- 4pm WEDNESDAY- 4pm FRIDAY- 4 pm

**Smashing Aces**/ages 8-10& **Big Hitters**/ages 10-13

MONDAY- 5pm WEDNESDAY- 5pm FRIDAY- 5pm

 1 hour of group per week $120 / $96\*

 2 hours of group per week $200 / $176\*

**\***This price excludes holiday Monday September 6th

\*\*Please note an alternative day(s) here just in case your first choice is not available:

DAY(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGH PERFORMANCE:

**Top Spinners**/ Under 10- Under 12

Tuesday and Thursday – 2 hour class – 4:00 - 6:00 pm

 4 hours of class per week – $480

Cash/Cheque Payable to: Greg Uras / etransfers – urasgregory@hotmail.ca

Forms along with payment can be emailed to Greg Uras at urasgregory@hotmail.ca or hand delivered directly to Greg at City View Tennis club.

Parental consent: I understand that Greg Uras, City View Tennis club, its employees and management will undertake to provide a safe and secure environment for my child and his/her possessions. I am satisfied that the necessary precautions and procedures are in place to minimize any injury or loss. I will not hold the club, its employees and agents responsible in the event of any accident or loss. If, because of sudden illness or accident, medical treatment is necessary, I agree to allow to club to use its judgement and allow physicians to take emergency measures. I give permission for my child to participate in any supervised off-site excursions that are organized as part of the camp programming.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_