

**2025 CVTC Spring Recreational & High Performance Program Registration**

**April 26th – June 14th (7 weeks)**

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

Membership: Order # (4 digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 are authorized to pick up children\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RECREATIONAL

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

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

WEDNESDAY- 4pm FRIDAY- 4pm SATURDAY- 2pm

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

WEDNESDAY- 5pm FRIDAY- 5pm SATURDAY- 3pm

 1 hour of group per week $182

 2 hours of group per week $308

\*No class on Saturday, May 17th (Victoria Holiday weekend)

HIGH PERFORMANCE:

**Top Spinners**/ Under 12- Under 14

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

 4 hours of class per week – $672

Cash/Cheque Payable to: Gregory Uras / E-transfer – coachgreguras@gmail.com

Forms along with payment can be emailed to Greg Uras at coachgreguras@gmail.com 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 contractors 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.

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

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