

REGISTRATION FORM

Camper's Name: _____

Email: _____

Age: ___ Date of Birth: _____

Address: _____

Postal Code: _____

Home Phone (s): _____

Parent's name: _____ Phone: _____

Parent's name: _____ Phone: _____

Health Card No.: _____

In the case of illness or emergency during camp,
who should we contact?

Name (s): _____

Number (s): _____

Does the camper require medication during camp?

Does the camper have any allergies?

If so, please give details and instructions:

Who is authorized to pick up the camper at the end
of each day's program? Please list names:

Friend group request: _____

**LET THE
PLAY
BEGIN!**



**Cheques* or e-Transfer payable
to: Matt Baccarani**
**no post dated cheques please*

Email to: headpro@mooretennis.com or
Mail to: Matt Baccarani 425 Main St. Toronto ON
M4C 4Y1

Moore Park Summer Tennis Camp 2021

"The Friendly Tennis Club!"

Please check the appropriate box(es)

		Half Day
Wk #1	July 5 - July 9	<input type="checkbox"/>
Wk #2	July 12 - July 16	<input type="checkbox"/>
Wk #3	July 19 - July 23	<input type="checkbox"/>
Wk #4	July 26 - July 30	<input type="checkbox"/>
Wk #5	August 3 - August 6*	<input type="checkbox"/>
Wk #6	August 9 - August 13	<input type="checkbox"/>
Wk #7	August 16 - August 20	<input type="checkbox"/>
Wk #8	August 23 - August 27	<input type="checkbox"/>

PAYMENT METHOD: Cheque/Cash enclosed: _____

Amount: \$ _____

I hereby release the Moore Park Tennis Club, Matt Baccarani and/or all of their agents and/or employees harmless from any and all claims or damages arising from any accident or injury which may be caused from participation of the applicant herein during any program, or in any facility at any location where the program is being held.

Signature of Parent/Guardian

Date



