



## 2011 Fall Junior Tennis Invoice Registration and Waiver High Performance

Participant Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ D \_\_\_\_\_ M \_\_\_\_\_ Y Age: \_\_\_\_\_

Parent/Gaurdian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Number if different from above: \_\_\_\_\_

Does your child have any conditions we need to be aware of? \_\_\_\_\_

| High Performance        |  | Tue                      |  | Thurs                    | Fri                      |
|-------------------------|--|--------------------------|--|--------------------------|--------------------------|
| 1 1/2 Hours 4:00 - 5:30 |  | <input type="checkbox"/> |  | <input type="checkbox"/> |                          |
| 2 Hours 4:00 - 6:00     |  |                          |  |                          | <input type="checkbox"/> |

### Rates:

|                         |                      |    |         | # of Weeks | Total  | Total |
|-------------------------|----------------------|----|---------|------------|--------|-------|
| <b>Tues</b>             |                      |    |         |            |        |       |
| High Performance        | ( Select Code 2523 ) | M  | \$22.50 | 10         | \$ 225 |       |
| 1 1/2 Hours 4:00 - 5:30 | ( Select Code 2543 ) | NM | \$33.00 | 10         | \$ 330 |       |
| <b>Thurs</b>            |                      |    |         |            |        |       |
| High Performance        | ( Select Code 2523 ) | M  | \$22.50 | 10         | \$ 225 |       |
| 1 1/2 Hours 4:00 - 5:30 | ( Select Code 2543 ) | NM | \$33.00 | 10         | \$ 330 |       |

10 weeks - Oct 3 - Dec 16th ( No lessons - Oct 10th or Nov 11th)

| <b>Fri</b>          |                      |    |         |    |        |  |
|---------------------|----------------------|----|---------|----|--------|--|
| High Performance    | ( Select Code 2508 ) | M  | \$30.00 | 10 | \$ 300 |  |
| 2 Hours 4:00 - 6:00 | ( Select Code 2509 ) | NM | \$44.00 | 10 | \$ 440 |  |

**Sub Total**

**HST**

**Total**

Cash, Cheque, Credit Card

Initial Payment

Nov and Dec Credit Card payment

Credit Card # Visa MC \_\_\_\_\_

Expire: \_\_\_\_\_

Name of Card: \_\_\_\_\_

"I fully understand that my child may injure themself as a result of participation in Global Fitness Center's Tennis Coaching program and I hereby release Global Fitness Center and the Coaches from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower-back/foot injuries, and any other illnesses, soreness, or injury, however caused, occurring during or after my participation in the program."

I have read and understand these terms: (initial)

Signature of Participant: \_\_\_\_\_

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

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

Witness: \_\_\_\_\_