PICKERING TENNIS REGISTRATION FORM

PART A: FAMILY INFORMATION

Phone Number	Family Address	Unit/ Apt #
City	Postal Code	
Mother's/ Guardian's Name	Mother's Bus. Phone	Emergency Contact Name
Father's / Guardian's Name	Father's Bus. Phone	Emergency Contact Number

PART B: PARTICIPANT INFORMATION

PARTICIPANT # 1

Family Name First Name Male ☐ Female ☐

Birth date: M - ( ) D - ( ) Y - ( ) Age: ( )

PROGRAM NAME	START DATE	TIME	DAY	PLAYER LEVEL	FEE
					$
					$

PARTICIPANT # 2

Family Name First Name Male ☐ Female ☐

Birth date: M - ( ) D - ( ) Y - ( ) Age: ( )

PROGRAM NAME	START DATE	TIME	DAY	PLAYER LEVEL	FEE
					$
					$

PART C: METHOD OF PAYMENT

Cheque ☐ (Payable to "Pickering Tennis") e-Transfer ☐ (to payments@pickeringtennis.com)

1) Drop this form off at the Pickering Recreation Complex, at the front reception desk,

OR

2) Mail to: Pickering Tennis
c/o Pickering Recreation Complex
1867 Valley Farm Rd.
Pickering, Ontario
L1V 3Y7

Consent Agreement:

I hereby agree to waive and release Pickering Tennis and the City of Pickering from all claims for damages arising from any accidents or injury which are caused by or arise from participation of the applicant named above, during any program or in any facility or at any location where the program is being held.

Signature: _____ Date: _____