



**VIEWMOUNT PARK TENNIS CLUB**  
**2019 TENNIS AND SPORTS CAMP PARTICIPANT**  
**INFORMATION FORM**

**CHILD'S INFORMATION**

Last Name	First Name	Birth Date			Health Card #	Any allergies or medical information we should be aware of
		MM	DD	YY		
		MM	DD	YY		
		MM	DD	YY		
		MM	DD	YY		

**FAMILY INFORMATION**

Address:		Home Phone:	
Email Address:			
Mother's Name:	Day Phone:	Father's Name:	Day Phone:
	Other #:		Other #:

**EMERGENCY CONTACT**

In case there is an emergency and we are unable to contact anyone at the numbers listed above, please provide the names and numbers for alternate emergency contact:

Name:	Phone #:
Name:	Phone #:

**PICK-UP INFORMATION**

Please ONLY list the full name and phone numbers of people who will be allowed to pick up your child from the program. Parents' names should also be included here. If this information is to ever change please advise the staff as soon as possible.

Name:	Phone #:
Name:	Phone #:

**SESSION AND COST INFORMATION**

Child's Name	Sex	1	2	3	4	5	6	7	8	9	Total Fees	
		\$200	\$250	\$250	\$250	\$250	\$200	\$250	\$250	\$250		
		\$200	\$250	\$250	\$250	\$250	\$200	\$250	\$250	\$250		
		\$200	\$250	\$250	\$250	\$250	\$200	\$250	\$250	\$250		
		\$200	\$250	\$250	\$250	\$250	\$200	\$250	\$250	\$250		

**PLEASE CIRCLE (YES or NO)**

I give permission for my child to walk home on their own:	<b>YES</b>	<b>NO</b>
I require extended hours for my child (after-hours daycare):	<b>YES</b>	<b>NO</b>

**I hereby release the Viewmount Park Tennis Club from all claims for damages arising from accidents or injuries which are caused by or arise from my child's participation in any facility or location of the Viewmount Park Tennis Club.**

Parent's or Guardian's Signature:	Date:
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\*\*PLEASE COMPLETE & RETURN TO THE LOCATION SUPERVISOR BEFORE THE FIRST DAY OF CAMP\*\*