

SUMMER CAMP REGISTRATION FORM

Camper Name: _____ Home Phone Number : (____) _____ Email: _____ Age: _____

Contact Information

Parent/guardian: _____ Work Phone# _____ Cell Phone # _____

Emergency Contact: _____ Work Phone# _____ Cell Phone # _____

Emergency Contact is same as above

Medical Information

Does your child have any medical conditions we should be aware of? If yes, please explain.

Health Card #: _____

Does your child require medication to be administered during the camp day? Yes No

Pick-Up Information

Adults permitted to pick-up from Camp (Note: You must sign your child in/out of camp each day or if your child is 11 years of age or over you can write a note giving permission for your child to sign themselves in/out.) Pick-up

information is same as contact information section

1. Name: _____ Relation to Camper: _____

Home Phone #: _____ Cell Phone # _____ Work Phone # _____

2. Name: _____ Relation to Camper: _____

Home Phone #: _____ Cell Phone # _____ Work Phone # _____

Cost: \$185.00 for Half Day Camp and \$295.00 for Full Day Camp

**Session 5 (4Day Week) : \$148.00 for Half Day Camp and \$236.00 for Full Day Camp (No camp on statutory holidays)

**Method of payment: Cash _____ or Check _____ or Etransfer to ericka@perfectbalancecanada.com

**If writing a cheque, it must be made out to Perfect Balance Canada

** Please note that costs include HST of 13%

****At latest Payments will be collected on the first day of camp**

**No refunds

PLEASE CHECK OFF SESSIONS YOU WILL BE ATTENDING:	9:00am-12:00pm	1:00pm-4:00
Session 1: July 8 - 12		
Session 2: July 15 - 19		
Session 3: July 22 - 26		
Session 4: July 29 - August 2		
Session 5: August 6- 9 (4 day week)		
Session 6: August 12 - 16		
Session 7: August 19 - 23		
Session 8: August 23- 30th		

PLEASE CONFIRM LEVEL OF CAMPER:	LEVEL 1	LEVEL 2
BEGINER	Never played Tennis	Has played some tennis
INTERMEDIATE	Ability to rally from the service line consistently.	Ability to rally for Base Line
ADVANCED	Fairly Consistent rally from the Base Line	Ability to rally and consistent serve from Base Line

To register or for more info. Send your form to Wayne Ho-Sang at hosangtennis@gmail.com or contact 416-254-5773

I understand that Wayne Ho-Sang &/or Perfect Balance does not assume or accept responsibility/ liability for any expenses or outcomes from loss /injury sustained while engaged in any activity, whatsoever, on or off premises.

Parent/Guardian Signature: _____ Date: _____

The personal information on this form is collected and used for emergency purposes only and will be kept confidential.