

Kane Easter Tennis Registration Form 2025

Contact Information

Name: _____ Age (kids only): _____

Telephone (Day) _____ (Mobile / Home) _____

Select Program

Saturday afternoon Junior Clinics starting May 3rd running to June.

Location: Corner of Townline/Concession 6.

Clinic # 1 at 2:30pm. Ages 5 - 7

Clinic #2 at 3:30pm. Ages 8 - 9

Clinic #3 at 4:30pm. Ages 10 - 11

Clinic #4 at 5:30pm. Ages 12 - 14

Method of Payment

E-transfer to to kaneeastertennis.com. **Cost for the 7 week session is \$185 including HST.**

Disclaimer

This will confirm that I recognize the risk of injury or possible health risk which may be involved as a result of my participation in the tennis program noted above. I confirm that I am in good medical health and have no medical restrictions or limitations which would prevent me from participating in this tennis program and I fully consent to participate in same. The undersigned hereby releases and will indemnify and save harmless Kane Easter, his successors, officers, agents and employees from any and all claims, demands, costs and causes of action in respect to death, injury or damage to my person or property whatsoever in any way growing out of or resulting from the participation by the undersigned in the activities of the said tennis program. Further the undersigned agrees and understands that the laws of Ontario shall apply to this document as well as any claim or possible claim from this Tennis Program. MY SIGNATURE BELOW CERTIFIES THAT I HAVE READ THIS ENTIRE DOCUMENT CAREFULLY BEFORE SIGNING, AND THAT I UNDERSTAND AND AGREE THAT THIS PROTECTS KANE EASTER FROM ANY LIABILITY RESULTING FROM MY PARTICIPATION IN THE TENNIS PROGRAM.

I have carefully read and understand completely and clearly the above provisions and agree to be bound thereby.

Print Name: _____ **Signature:** _____

Signature of Parent if participant is under age 18 _____ **Date** _____