

**AJAX SUMMER TENNIS CLUB 2011**  
**HEAD PRO: JOHN LONG**  
**CERTIFIED COACH LEVEL III**  
**(905-706-2981)**

**PERSONAL INFORMATION**

PARTICIPANTS NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

GUARDIAN NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**PROGRAM INFORMATION (member/non-member price)**

**AJAX SUMMER CLUB MEMBER: YES \_\_\_\_\_ NO \_\_\_\_\_**

PROGRAM DAY: \_\_\_\_\_ TIME: \_\_\_\_\_ PRICE: \_\_\_\_\_

**PERSONAL INJURY WAIVER**

You acknowledge that as a participant you may be exposed to possible risk of personal injury. You, being fully aware that being exposed to possible risk of personal injury, hereby release John D. Long, Ajax Summer Tennis Club, or any of the teaching professionals from any and all liability with you or your child's participation in the program. You acknowledge that you have read and fully understand this waiver, and it shall be binding on you, your family, legal representatives, heirs, successors and assigns.

SIGNED (GUARDIAN): \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY: \*METHOD OF PYMT: \_\_\_\_\_ STAFF: \_\_\_\_\_

\*CASH, CHEQUE (PAYABLE TO AJAX WINTER TENNIS), VISA, MC, DEBIT\*