

# Lindenlea Tennis Camp Registration Form

Participant

First Name	Surname	Date of Birth & Age
Address	City	Postal Code
Phone	Email	
Parent(s)	Phone (H)	Phone (W)
Emergency Contact	Phone (H)	Phone (W)
Health Concerns		

Program

	Activity (ies) Program / Workshop	Date(s) Session	Cost
1			
2			
3			
<b>Total</b>			




**July 2011**

M	T	W	T	F
4	5	6	7	8
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

**August 2011**

M	T	W	T	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

NO CAMP

Registration Information	
MAIL TO (if 6 yrs +)	LINDENLEA COMMUNITY ASSOCIATION 15 ROCKCLIFFE WAY OTTAWA, ONTARIO K1M 1A9
OR	
IN PERSON Every Tuesday Evening 6:00 – 8:30 pm	
<b>CHEQUES PAYABLE TO LINDENLEA COMMUNITY ASSOCIATION</b>	

More Info?  
 Call 742-5011  
 or go to  
[www.lindenlea.ca](http://www.lindenlea.ca)

**PLEASE KEEP YOUR RECEIPTS**  
 There is a \$10 fee for issuing a duplicate receipt

Waiver: I agree to waive any claims on the Lindenlea Community Association or any of its agents or on the City of Ottawa or any of its agents in the event of injury that may be sustained by me or my child while attending or participating in any event or activity.

Acknowledgment: Although every effort is to provide and maintain a congenial environment for your child, we reserve the right to withdraw any child from this camp (with prorated refund) if it is evident that he/she is consistently unhappy.

Signature of Parent or Guardian

Date

<u>Office Use Only</u>		
Amount: _____	Received By: _____	Receipt No: _____