

# Linden Woods Community Centre & TennisBurrell Academy Tennis and Sports Camp

## Registration Form

Payment Must Accompany Registration

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_ Sex  M  F

MB Medical No \_\_\_\_\_

9 Digit \_\_\_\_\_

Emergency Name & Contact No. \_\_\_\_\_

Medical Information \_\_\_\_\_

Guardian Name \_\_\_\_\_

Guardian Signature \_\_\_\_\_

## Session Requested

Please list 2nd and 3rd Choice as spots are limited.

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

Cost \_\_\_\_\_

Information is for the exclusive use of Tennis Burrell Academy



Please make cheques payable (and then mail) to:

**TennisBurrell Academy**  
c/o 805 Niagara St., Winnipeg, MB, R3N 0W2

Confirmation of registration will be sent by email.  
Receipts will be given out on the first day of camp.

## Cancellation Policy

Full refunds will be given for cancellations two (2) weeks prior to the start of the registered camp. A 10% administration fee may be charged for cancellation after this time period, unless accompanied by a signed medical report.

There is no reduction in fees or refunds due to absence or illness once the camp has begun.

TennisBurrell Academy & Sports Camp reserves the right to cancel a session due to insufficient enrollment.

## Waiver

I request that TennisBurrell Academy & Sports Camp and Linden Woods Community Centre accept my application for my child to take tennis camp. I understand that tennis is a sport in which injury may occur and hereby agree to absolve TennisBurrell Academy & Sports Camp and Linden Woods Community Centre, its employees, and contractors from all liability should injury occur.

I accept that TennisBurrell Academy & Sports Camp and Linden Woods Community Centre does not accept any responsibility for personal possessions and agree to absolve TennisBurrell Academy & Sports Camp and Linden Woods Community Centre from any cost or responsibility for loss or damage to my child's possessions.

I have read and understand the above information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

T-Shirt Size	
please check off required size	
Child Sizes	Adult Sizes
<input type="checkbox"/> 6-8	<input type="checkbox"/> Sm
<input type="checkbox"/> 10-12	<input type="checkbox"/> Med
<input type="checkbox"/> 14-16	<input type="checkbox"/> Lg
	<input type="checkbox"/> X-Lg