



ADULT CLINIC REGISTRATION FORM



**NOTE: All payments must be given directly to the Tennis Director at the first class (cash or cheque).
All cheques should be made payable to Steven Theodoropoulos. ~~EDER~~**

Participant (full name): _____

Member

Non-member

Phone number (home): _____ (work): _____ (cell): _____
Please provide at least one contact number

Email address: _____

Please indicate the program you would like to join based on the schedule below:

Choice 1:

Program name: _____ (day): _____ (time): _____

If applicable: (i.e.: if you would like to participate in more than one class per week)

Choice 2:

Program name: _____ (day): _____ (time): _____

Choice 3:

Program name: _____ (day): _____ (time): _____

PROGRAMMING SCHEDULE*

Session ~~Week~~ of ~~:00~~ ^t – Week of ~~00~~ ⁰, 2023

(The following two weeks will be reserved for rain make-ups as necessary)

Price (includes HST):

Member: \$210/clinic (8 weeks)

Non-members: \$230/clinic (8 weeks)

Total cost of selected programming: \$ _____

Method of payment:

Cash

Cheque (*make payable to Steven Theodoropoulos*)

NO E-TRANSFER AVAILABLE

Payment can be made in-person on the first day of your scheduled class

NOTE: Please do not issue payment until your registration has been confirmed. As spots are limited, they will be allotted on a “first come, first serve” basis.

Completion of this registration form confirms your agreement and that of the registrants to abide by the Club’s Code of Conduct and to hold harmless the Club, its Directors, Officers and Teaching Professionals etc. from any injury caused in the use of the Club facilities.

By participating in any Club activities or using any Club facilities, you are voluntarily accepting all risks and hazards, known and unknown, arising out of or relating to the COVID-19 pandemic. In consideration of the opportunity to participate in any Club activities or use any Club facilities, and to the fullest extent permitted by law, you hereby agree on behalf of yourself to release, indemnify, defend and hold harmless the City of Mississauga and the Tecumseh Tennis Club and its Directors, Officers, Members, and Teaching Professionals and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys’ fees) of any kind or nature whatsoever, whether related to bodily injury, property damage or any other form of injury or loss to any of the Releasing Parties, arising out of or in any way related to any contact or infection with the COVID-19 virus arising out of your participation in any Club activities or use of any Club facilities.

I have read and agree to the above

Signature: _____

Date: _____

Please send your completed registration form to Steve at: clubpro.tecumsehtennis@gmail.com

***More programming will be made available upon demand.**