



JUNIOR TENNIS PROGRAM

Contact LUCY @ 705-722-3395 or
INGRID @ 705-722-0665

1 HOUR LESSON PER WEEK
**APPLY EARLY FOR
PREFERRED TIMESLOT**

LOCATION: DORAN PARK TENNIS
COURTS

SESSIONS: STARTS ON
MAY 11 / 12, 2018
for six weeks

AGES 10+ FRIDAY EVENINGS
4:30 – 6:30 PM
AGES 6 - 11 SAT. MORNINGS
9:00 AM – 12:00 PM

Fee: \$60.00 per junior

Payable to: “MIDHURST TENNIS CLUB”

JUNIORS MUST HAVE:

- PROPER FOOTWEAR
(COURT SHOES, NO SANDALS)
- WATER BOTTLE
- HAT
- BUGSPRAY, SUNSCREEN
- SMALL GRIP RACQUET

PARENTS MUST PICK UP STUDENTS
PROMPTLY AFTER LESSONS

NO RAIN DATES

IF UNABLE TO ATTEND A SESSION,
THERE IS NO NEED TO NOTIFY US.

MIDHURST TENNIS CLUB JUNIOR PROGRAMS:

PLEASE INDICATE: FIRST CHOICE

| TIME | DAY |
|------|-----|
| | |

SECOND CHOICE

| TIME | DAY |
|------|-----|
| | |

- FRIDAY NIGHT 4:30 – 5:30
5:30 – 6:30
- SATURDAY MORN 9:00 – 10:00
10:00 – 11:00 11:00 – 12:00

(MINIMUM OF 5 PARTICIPANTS PER TIMESLOT)

*I agree to allow my phone number to be shared with
members. YES NO*

SIMCOE TENNIS JUNIOR PROGRAMS:

- SPRING: 8 WEEK JUNIOR ACADEMY
MAY – JUNE, Mon – Thurs, 4:00 – 6:30
- SUMMER CAMPS: JULY – AUGUST
Mon – Fri, 9:00 – 4:00
- FALL: 6 WEEK JUNIOR ACADEMY
SEPT – OCT, Mon – Thurs, 4:00 – 6:30

Contact Johnny @ 705-716-3198 for details

FUN CLOSING ROUND ROBIN TOURNAY & BARBECUE
FOR MTC JUNIOR PROGRAM > DATE TO BE ANNOUNCED

REGISTRATION

**SATURDAY APRIL 7 & 14, 2018
10:00 – 2:00 PM
BARRIE NORTH WINTER TENNIS
BUBBLE**

MAILING OR DELIVERY ADDRESS:
55 BELMONT CRESCENT, MIDHURST, ONTARIO, L0L 1X1



MIDHURST TENNIS CLUB

JUNIOR TENNIS APPLICATION
PLEASE PRINT LEGIBLY

| | | | |
|--|--|--------------------------------|-----|
| DATE | | NO. OF YEARS PLAYING TENNIS | |
| APPLICANT'S NAME | | | AGE |
| ADDRESS | | | |
| CITY | | POSTAL CODE | |
| HOME PHONE | | | |
| FATHER'S NAME | | CELL PHONE | |
| MOTHER'S NAME | | CELL PHONE | |
| E-MAIL ADDRESS | | | |
| IF PARENT / GUARDIAN CANNOT BE REACHED, IN CASE OF EMERGENCY, CONTACT NAME PHONE # | | | |
| In authorizing this participation, I acknowledge and agree that this participation is without claim of liability to Midhurst Tennis Club or its instructors, for harm or injury or damages that may be incurred by accidental causes. I hereby acknowledge that it is my responsibility to obtain medical coverage and in case of injury, I agree to my child receiving medical treatment. I accept responsibility to deliver my child to the program site and to pick him / her up promptly at the end of the session. | | | |
| DATE | | | |
| NAME (PRINT) | | | |
| PARENT / GUARDIAN SIGNATURE | | | |