



## 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 10 / 11, 2019  
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

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

( MINIMUM OF 5 PARTICIPANTS PER  
TIMESLOT )

### SIMCOE TENNIS JUNIOR PROGRAMS

Contact Johnny @ 705-716-3198 for details

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

# REGISTRATION

**SATURDAY APRIL 6 & 13, 2019  
10:00 – 2:00 PM  
BARRIE NORTH WINTER TENNIS  
BUBBLE**

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



JUNIOR TENNIS APPLICATION  
**PLEASE PRINT LEGIBLY**

|  |                                |
|--|--------------------------------|
| DATE   | NO. OF YEARS<br>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<br>CASE OF EMERGENCY, CONTACT<br>NAME PHONE #   |                                |
| In authorizing this participation, I acknowledge and agree that<br>this participation is without claim of liability to Midhurst Tennis<br>Club or its instructors, for harm or injury or damages that may<br>be incurred by accidental causes. I hereby acknowledge that<br>it is my responsibility to obtain medical coverage and in case<br>of injury, I agree to my child receiving medical treatment. I<br>accept responsibility to deliver my child to the program site<br>and to pick him / her up promptly at the end of the session. |                                |
| DATE   |                                |
| NAME (PRINT)   |                                |
| PARENT / GUARDIAN SIGNATURE  |                                |