



# 2023 REGISTRATION FORM

Tennis Camp @ Aurora Community Tennis Club

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Please complete BOTH pages of this form.

The waivers on page 2 MUST be completed and signed by the parent/guardian prior to the first day of camp otherwise participation in the camp will not be permitted.

Return completed registration form in person or by email to [jordanmaster@hotmail.com](mailto:jordanmaster@hotmail.com).

Campers are to bring their own snacks (**peanut- free**) and drinks (water recommended).

**\*\*Please note: Fees are reduced for Club members, but *Club membership is not required to participate* – ALL ARE WELCOME!**

Camper's Name:

Camper's Date of Birth:

Medical Conditions / Allergies (if any):

Parent / Guardian Name:

Home phone / Cell phone:

Address:

City:

Postal Code:

E-mail:

Emergency Contacts:

Name of person(s)  
authorized to pick up your child:

Payment Method:

Cash

e-Transfer to [jordanmaster@hotmail.com](mailto:jordanmaster@hotmail.com)

Amount: \$



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## Sessions and Fees

Fees	Non-Member	Member
Weekly rate	\$245	\$230
Drop-in rate/day	\$60	\$50
4-day week rate	\$199	\$185

Please select the weeks you would like to register for (\*\*denotes 4-day week)

Week	
1	July 3-7
2	July 10-14
3	July 17-21
4	July 24-28
5	July 31-Aug. 4
6 **	Aug. 8-11
7	Aug. 14-18
8	Aug. 21-25
9	Aug. 28-Sept. 1

## Waiver of Release and Liability

I, the undersigned Parent or Guardian hereby irrevocably waive any and all claims against the Aurora Community Tennis Club (ACTC), Jordan Master (Club Pro), and its directors, instructors, volunteers, guests and the Town of Aurora. I release all of them from any and all liability for any loss, damage, expenses or personal injury, including death, that they or their family may suffer, whether due to negligence or otherwise in connection with any activities, programs or events provided, sponsored or organized by or on behalf of ACTC.

Parent/Guardian Signature:

Date:

(Please type your name)

## Image/Photo Release Waiver

I grant ACTC and its Club Pro Jordan Master the right to take photographs and video of me and/or my children in connection with ACTC programs and to use such photographs for purpose of ACTC publicity, illustration, advertising, and web content.

Parent/Guardian Signature:

Date:

(Please type your name)