## JHSC SUMMER CAMP 2025 REGISTRATION FORM

Name:		Parent / Guardian(s) Name(s):		
Address:		City:		Postal Code:
Phone #:	Work #:		Cell #:	
School:	Birthdate: (DD/MM/YYYY)		Health Card #:	
Medical History:				
Please describe involvement in Sports:				
Any previous tennis experience?		E-mail:		
I would like to register my child(ren) for the following session(s). Limit 3 sessions per child:				
BASKETBALL (ages 10-15) MULTI SPORT @ John Hatch Tennis Centre (ages 5-11)				
@ John Hatch Tennis Centre	June 30 - July 4 <b>FULL</b>			
July 28 - August 1	July 7 - 11 <b>FULL</b>			
	July 14 - 18 <b>FULL</b>			
July 21 - 25 <b>FULL</b>				
TENNIS (ages 6-16) @ University Tennis Centre (Western University)	August 5 - 8 FULL			
	August 11 -15 FULL			
	August 18 - 22 FULL			
June 30 - July 4	August 25 - 29 FUL	<u>.</u> L		
July 7 - 10	Please complete the form and:  Scan and email to info@johnhatchsportscamps.com  *in the event that the Multi Sport week you have chosen is full, feel free to indicate your second choice: Week of			
July 14 - 17				
July 21 - 24				
July 28 - 31				
August 11 -14				
August 18 - 21				
August 25 - 28				
Payment: Payment is by etransfer and there is no payment due until 7-14 days before the start of each Camp.  Details to be provided in an email sent in advance of Camp.				
CONSENT AGREEMENT: My child has permission to participate in the Camp and I agree to waive and release John Hatch Sports Camps Ltd. from any and all liability for any illnesses or injuries incurred while at the Camp. The Camp has my permission to act in any emergency in the best interest of my child. Permission is also given for the use of any photos or videos of my child on the camp website or other camp advertising.				
Signature:	Date:			