

SINGLES

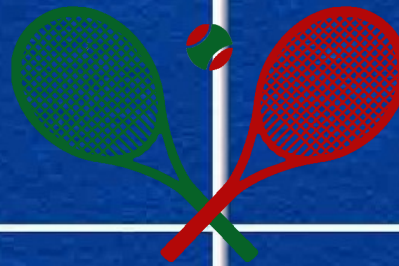
DOUBLES



PRACTICE

PLAY

FRIENDS



**NORTH
TEAM**

**TORONTO
TENNIS**

NEW FOR 2019— TENNIS SPECIFIC FITNESS

⇒ **IN HOUSE TRAINING, SKILL DEVELOPMENT,
& MATCH PLAY**

⇒ **PRACTICE & PLAY THIS SPRING**

⇒ **WEEKLY COMPETITIONS**

⇒ **TEAMWORK, PRIZES, FUN, AND MUCH MORE!**

2019 FALL SCHEDULE

DAY & GROUP	EVENT DATES	TIME
U18 (participants aged 13-18)		
MONDAY U18	SEPTEMBER: 9, 16, 23, 30 OCTOBER: 7	U18: 4:00-5:00pm ON COURT U18: 5:00-5:15pm OFF COURT FITNESS
SATURDAY U18	SEPTEMBER: 7, 14, 21, 28 OCTOBER: 5	U18: 5:00-6:00pm ON COURT U18: 6:00-6:15pm OFF COURT FITNESS
U12 (participants aged 8-12)		
MONDAY U12	SEPTEMBER: 9, 16, 23, 30 OCTOBER: 7	U12: 5:00-6:00pm ON COURT U12: 6:00-6:15pm OFF COURT FITNESS
SATURDAY U12	SEPTEMBER: 7, 14, 21, 28 OCTOBER: 5	U12: 4:00-5:00pm ON COURT U12: 5:00-5:15pm OFF COURT FITNESS

OPEN TO ALL PARTICIPANTS—ASSESMENTS ARE AVAILABLE

U12—UNDER 12 PARTICIPANTS MUST BE BETWEEN AGES 7-12

U18—UNDER 18 PARTICIPANTS MUST BE BETWEEN AGES 13-18

PARTICIPANTS WILL BE GROUPED BY AGE & SKILL LEVEL

SEASON ENDING SOCIAL

PARTICIPANTS DEVELOP THEIR MATCH PLAYING ABILITIES

COACHES WILL BE PRESENT AT ALL MATCHES AND PRACTICES

FUN IS OUR # 1 GOAL FOR JUNIOR TEAM TENNIS!

**PLAY
JUNIOR
TEAM
TENNIS**

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TEAM
TENNIS**

REGISTRATION FORM

Please complete the following registration form and mail in or return with payment:

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell/Office Phone: _____

E-mail Address: _____

Medical Condition / Health Concerns/Allergies:

Health Card Number: _____

Name of Parent or Guardian(s) (Junior Program only): _____

Date of Birth: Day _____ / Month _____ / Year _____ / Age _____

Gender (please circle) Male / Female

In case of emergency please contact: _____ Relation: _____

Phone Number: _____

2019 TEAM TENNIS FEES: (OPTION 1—\$90.00) (OPTION 2 OR 3—\$45.00)

PLEASE CIRCLE: (OPTION 1 MONDAY & SATURDAY) (OPTION 2 MONDAY ONLY) (OPTION 3 SATURDAY ONLY)

TOTAL \$ _____

PLEASE MAKE CHEQUE PAYABLE TO: TENFIT

Please mail completed form and cheque to:

TENFIT c/o Mark Crone

11 William Carson Cres. Unit 315

Toronto, Ontario

M2P 2G1

Waiver:

I, the undersigned, submit that my child is physically fit to participate in strenuous athletic activity and hereby waive and release Tenfit, their affiliates, employees, directors, facilities and all other related parties of any and all liability or responsibility in the case that my child should experience illness or injury during his/her participation in the program. I hereby authorize the staff of Tenfit to act accordingly to their best judgment in any emergency requiring medical attention. I understand that I am solely responsible for any such medical expense over and above OHIP coverage. My signature on this waiver also indicates that the above named is covered by my personal insurance.

Parent Signature: _____ Date: _____