

2026 TENFIT Summer Camp @

Ages 5 - 12



OPEN TO NON MEMBERS!



WELL ROUNDED CAMP EXPERIENCE



SMALL GROUP SIZES

- Progressive tennis coaching techniques and equipment
- Multi-sport and fitness environment
- Shaded areas and rest zones for all campers
- Fitness and coordination challenges weekly
- Safe and fun camp experience following all guidelines
- Art & Crafts programs



For A Healthy Lifestyle, Come For A Hit And Stay Fit !!



200 Lytton Boulevard
Toronto, ON M4R 1L4

Camp Schedule

JUNE

JUNE 15-19 • WEEK 1 - MORNING ONLY
JUNE 22-26 • WEEK 2 - MORNING ONLY

WEEK 1 - HALF DAY - \$296.46+ HST - \$335
WEEK 2 - HALF DAY - \$296.46 + HST - \$335

JULY

JULY 6-10 • WEEK 3
JULY 13-17 • WEEK 4
JULY 20-24 • WEEK 5
JULY 27-31 • WEEK 6

HALF DAY - \$296.46 + HST - \$335
FULL DAY NO LUNCH - \$486.73 + HST - \$550
FULL DAY WITH LUNCH - \$530.97 + HST - \$600

AUGUST

AUG 10-14 • WEEK 7
AUG 17-21 • WEEK 8
AUG 24-28 • WEEK 9
AUG 31-SEP 4 • WEEK 10

HALF DAY - \$296.46 + HST - \$335
FULL DAY NO LUNCH - \$486.73 + HST - \$550
FULL DAY WITH LUNCH - \$530.97 + HST - \$600

HALF DAY - 9:00am-NOON OR 1:00pm-4:00pm (please choose)

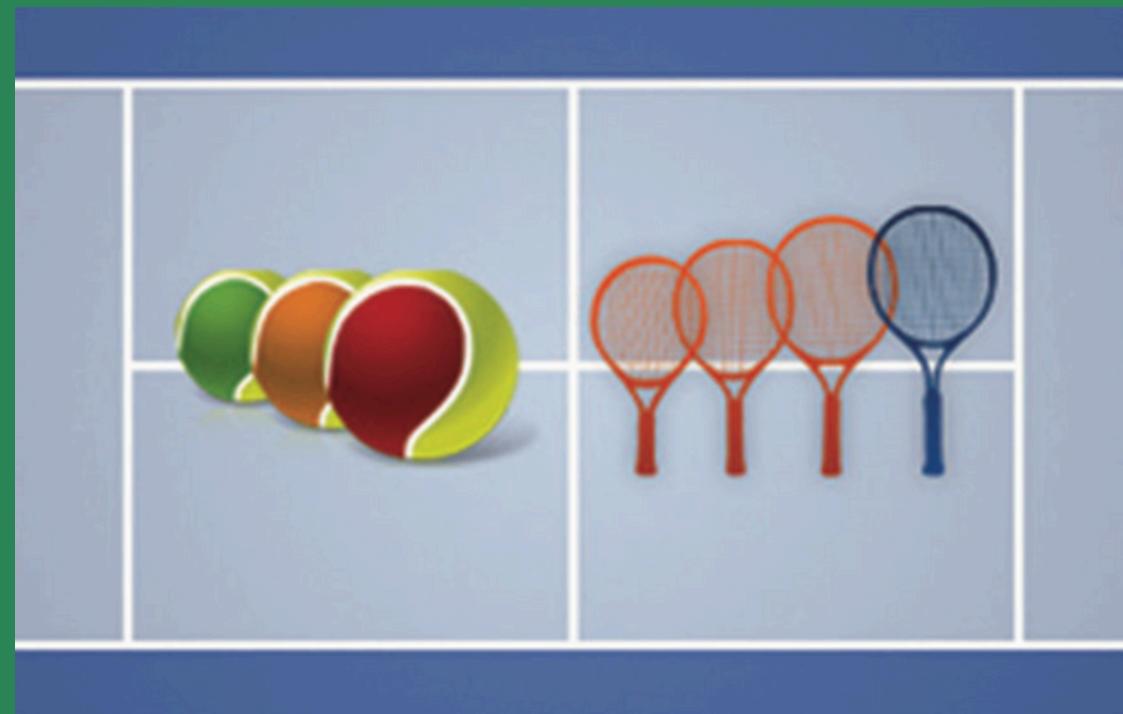
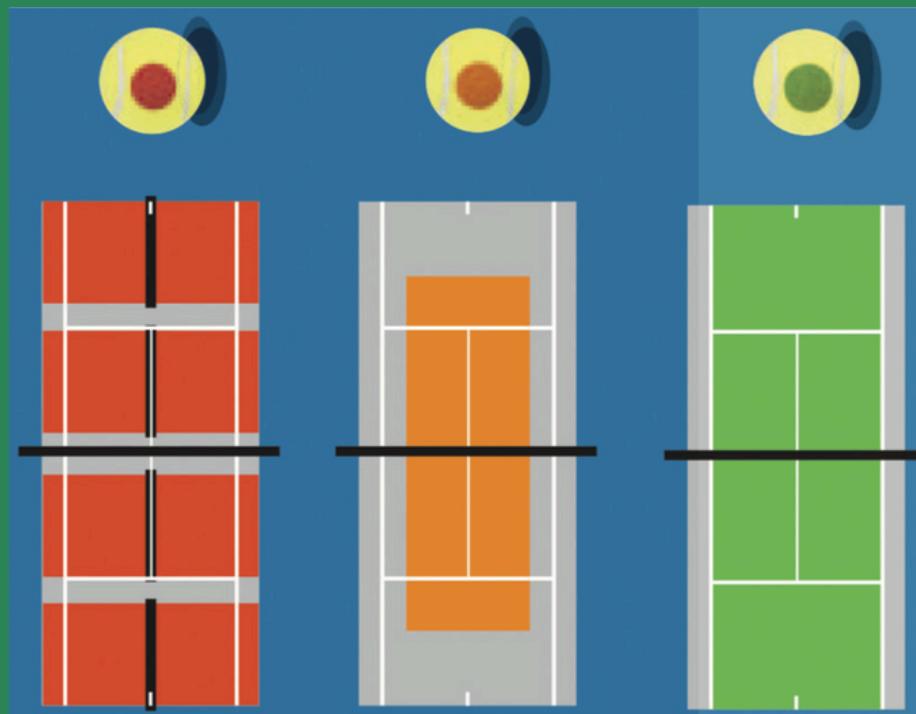
FULL DAY CAMP 9:00am-4:00pm

**→ CAMPER DROP OFF STARTS AT 8:45AM OR 12:45PM – CAMP STARTS ON
COURT AT 9:00AM OR 1:00PM**

→ EXTENDED CARE IS AVAILABLE – PLEASE CONTACT MARK CRONE FOR PRICING

NO CAMP THE WEEK OF JUNE 29-JULY 3 OR AUGUST 3-7

MULTISPORT CAMP



FOLLOW THE TENFIT PATHWAY!

2026 REGISTRATION FORM

Please complete the following registration form.

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 of 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: _____

WEEK (please circle): WEEK 1 | WEEK 2 | WEEK 3 | WEEK 4 | WEEK 5 | WEEK 6 | WEEK 7 | WEEK 8 | WEEK 9 | WEEK 10

SESSION (please circle): MORNING 9:00AM-NOON / AFTERNOON 1:00PM-4:00PM / FULL DAY WITH LUNCH / FULL DAY NO LUNCH

TOTAL AMOUNT \$ _____

PLEASE EMAIL COMPLETED FORM TO: mark@northtorontotennis.com

E-TRANSFER PAYMENTS TO: mark@northtorontotennis.com

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 judgement 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.

(Please check) I have read and understand the 2024 Rules and rain policy.

Applicant Signature: _____

Parent Signature: _____ Date: _____