

# 2024 ADULT CLINIC REGISTRATION FORM PBC SUMMER TENNIS

Player Name: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone Number :( ) \_\_\_\_\_

### Contact Information

Emergency Contact Name : \_\_\_\_\_

Work Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**Emergency Contact is same as above**

### Medical Information

Do you have any medical conditions we should be aware of? If yes, please explain-

Health Card #:

Is medication required to be given while in the program? Yes No

### Clinic Information

- SAT Clinic May 4th - June 29th (9wks) Session 1 AND July 6 - August 31st - (9wks) Session 2
- Clinic will be 1HR in length with Ratio Players to Coach of **6:1**
- Cost is **\$180 per session includes HST**
- Method of payment: Cash or Check or etransfer to [ericka@perfectbalancecanada.com](mailto:ericka@perfectbalancecanada.com)
- If writing a cheque, it must be made out to Perfect Balance Canada \*\*
- ***\*\*To secure your spot please send Payment with registration.\*\*No refunds – medical emergencies to be discussed***

Session Dates	Number of Weeks	Cost	Time	Level		
<b>Adult CLINICS</b>						
<b>May 4th to June 29,</b>	9	\$180	<b>Clinic 12pm</b>			
<b>July 6 to August 31</b>	9	\$180	<b>Clinic 12pm</b>			

**PLEASE CONFIRM PLAYER LEVEL:**

LEVEL 1	LEVEL 2
---------	---------

**BEGINNER**

Never played Tennis

Has played some tennis

**INTERMEDIATE**

Ability to rally from the service line consistently.

Ability to rally for Base Line

**ADVANCED**

Consistent rally from the Base Line

Ability to rally/ serve consistently from Base Line

To register or for more info. Send form to [hosangtennis@gmail.com](mailto:hosangtennis@gmail.com) or contact 416-254-5773

**LIABILITY / EMAIL WAIVER:**

I understand that Wayne Ho-Sang &/or Perfect Balance Canada does not assume or accept responsibility/ liability for any expenses or outcomes from loss /injury sustained while engaged in any activity during the course of the camps whatsoever, on or off premises. Students/Campers will be coached/reminded on general safety and public health Precautions/Safety or any other health related announcements. Protocols will be aligned with City Regulations, Tennis Canada and German Mills Tennis Club Guidelines.

Students/Camper and all adults, when picking up and dropping off, must follow rules identified.

I also agree to receiving email communication from Perfect Balance Canada.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name : \_\_\_\_\_