



2017 YOMTC Fall Recreational Program Registration

Child's Name: _____ Age: _____

Level (experience): Beginner (0-2 yrs) Intermediate (2-3 yrs) Advanced (3yrs and more)*

*Please indicate if your child is interested in our advance group or our league team _____

Parent's Name _____

Parent's Email _____

Parent's Phone (direct contact) _____

Names of person(s) who is authorized to pick up children _____

Allergies (if any) _____

FALL

Monday to Saturday—5 weeks (September 5-October 7)

“ 1 hour of group per week **\$125**

“ 2 hours of group per week **\$200**

DAY(S) & HOUR(S) available

“ MONDAY “ 4 PM and/or “ 5 PM

“ TUESDAY “ 4 PM and/or “ 5 PM

“ WEDNESDAY “ 4 PM and/or “ 5 PM

“ THURSDAY “ 4 PM and/or “ 5 PM

“ FRIDAY “ 4 PM and/or “ 5 PM

“ SATURDAY “ 1 pm and/or “ 2 pm

**Please note an alternative day(s) and time(s) here just in case your first choice is not available:

DAY(S) _____ TIME(S) _____

Lesson payment amount enclosed: _____ Cash/Cheque Payable to: KERRY MITCHELL

Forms along with payment can be handed in at the club house (operating hours only) or mailed directly to Kerry Mitchell, 209 Glenlake Ave M6P 1E9

Parental Consent: I understand that Kerry Mitchell, the club, its employees and management will undertake to provide a reasonably safe and secure environment for my child and his/her possessions. I am satisfied that the necessary precautions and procedures are in place to minimize any injury or loss. I will not hold the club, its employees and agents responsible in the event of any accident or loss. If, as a result of sudden illness or accident, medical treatment is necessary, I agree to allow the club to use its judgment and allow physicians to take emergency measures. I give permission for my child to participate in any supervised off-site excursions that are organized as part of the camp programming.

Parent/Guardian Signature: _____ Date: _____