



ESTABLISHED 1976
TORONTO, ONTARIO

Junior Program Participation Form 2011 – 2012

Participant _____ School _____

Birth Date _____ Grade _____

Parent/Guardian Name(s): _____

Home Address _____

Phone _____ email _____

Emergency Contact Name _____ Phone _____

Ontario Health Card Number _____

It is important that your child participate safely and comfortably in the Junior Paddle program. In your child's best interests, we recommend the following:

- Participant should have an annual medical examination.
- Participant should bring emergency medication, e.g., asthma inhalers, to the program.
- The wearing of an eyeglass strap and shatter-resistant/shatterproof lens, if your child wears glasses that cannot be removed during Paddle activities.
- Attention to environmental concerns (e.g., protection from sun, dehydration).
- The use of a personal water bottle.

A. Elements of Risk

The risk of injury exists in every athletic activity. Falls, collisions, and other incidents may occur and cause injury. Due to the nature of some activities, injuries may range from minor sprains and strains to more serious injuries affecting the head, neck or back. Some injuries can lead to paralysis or prove to be life-threatening. These injuries result from the nature of the activity and can occur without fault on either the part of the participant or the Kingsway Platform Tennis Club or its members or agents. By choosing to participate in these activities, participants are assuming the risk of an injury. The chances of an injury can be reduced by carefully following instructions at all times while engaged in the activity.

B. Medical Information

You are urged to consult your family doctor prior to your son or daughter participating in athletic activities. If your child has, or has had, any health problems that might affect his/her participation or safety, please provide details in writing on the back of this form. Should your son/daughter sustain an injury or contact an illness requiring medical attention during the competitive season, please notify the coaches/organizers before resuming play. **Please indicate if your child has any food allergies/sensitivities of which we should be aware.**

C. Pickup

Please indicate the name and contact numbers of individuals to whom you give permission to pick up:

Name(s): _____ Contact Number(s): _____

In signing this form, I acknowledge the information about the elements of risk noted in this form:

Signature of Parent/Guardian: _____ Date: _____

Coaches/Organizers: D. Gallagher/M. Page *Kingsway Platform Tennis Clubhouse Telephone: 416-231-1926