



THE TENNIS SCHOOL
MISSISSAUGA • OAKVILLE

The Tennis School
3091 Ninth Line Road
Mississauga, ON
905-257-5933
info@thetennisschool.ca

Hours of Operation:
Monday – Sunday 8am-10pm

2026 Summer Adult Tennis Program

July 7-August 25 (8 Weeks)

Length: 1 hour per week

Max: 6:1 Student Ratio

Price: Members: \$200 Plus HST / Non-Members \$250 Plus HST

Schedule:

	Beginner	Intermediate
Tuesday	7:30-8:30pm	8:30-9:30pm
Thursday	8:30-9:30pm	7:30-8:30pm

Makeup September 1 & 3

Participant's Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Beginner Intermediate

Selected Day & Time: _____

Invoice #: _____

(There will be no make-up days for classes missed due to Doctors appointments, Illness or Vacations. There Will Be NO CLASSES on All Statutory Holidays)

Release, Warrant and Indemnity: In consideration of the acceptance of the application for enrolment of the participant named above in the Tennis School program identified above, I for myself and (if applicable) on behalf of the participant (if the participant is a minor) and our respective heirs, executors, administrators, and assigns, hereby **RELEASE, WAIVE, AND FOREVER DISCHARGE** The Tennis School and its agents, staffs, contractors, representatives, successors and assigns (Releases) of and from all claims, demands, and damages, costs, expenses, actions and cases of actions whether in law or equity, in respect of death, injury, loss or damage to my person or property or to the Participant howsoever caused, arising or to arise by reason of the participation of the participant in the Tennis School program whether as a spectator, participant, competition, or otherwise and whether prior to, during or subsequent to any classes in the respect thereof and notwithstanding that same may have been contributed to or occasioned by the negligence of the aforesaid.

I further undertake to hold and save harmless and agree to indemnify the Releases from and against any and all liability incurred by or all of them arising as a result of or in any way connected to the participation of the participant in the Tennis School program.

I hereby authorize the Tennis School to display my personal information within the Tennis School so that other members may contact me for the purpose of scheduling games.

I warrant the Participant is physically fit to participate in the Tennis School program.

Signature Required: _____

Date: _____

(I acknowledge having read, understood and agree to the above Release, Warranty and Indemnity)