



**Emergency Contact:** \_\_\_\_\_  
Name Phone #

**Waiver:** I am aware that the staff and the Town of Kentville are responsible for my child/children upon his/her/their entering the tennis courts; however, they assume neither responsibility nor liability for loss suffered by my child. The Town of Kentville also has the right to partially refund any registration and remove the child from a program when he/she has proven to be a hindrance to the operation of the tennis program.

**Refund Policy:** There will be an administration fee of \$10.00 above and beyond the proposed refund sum for each cancellation and/or refund processed by the Town of Kentville. No refund will be provided when the participant of a program has attended 50% or more of their lessons. Requested refunds may take 7-14 days to be processed.

**I understand the above liability waiver and refund policy.**

\_\_\_\_\_  
Parent/Guardian Signature Date

**OFFICE USE ONLY:**

Amount Due: _____
Amount Paid: _____
Payment Method: _____

Money Received By: _____
Cheque Number (If applicable): _____
Receipt Number: _____