**CSIPKAY TENNIS TRAINING**

**2023/2024**

**DRILL & PLAY**

 *BEGINS 9/15/23*

 **FRIDAYS 10:30-12:00**

* $57.00 per class

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*CREDIT CARDS, CASH AND CHECKS ACCEPTED. CHECKS SHOULD BE MADE OUT TO BILL CSIPKAY.*

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned, agrees that I will abide by the rules of Waldwick Covered Courts, Inc., and, in connection with my use of the Waldwick Covered Courts, Inc. facilities, I, and anyone acting on my behalf, including my executors, administrators, assigns and heirs, hereby release and discharge Waldwick Covered Courts, Inc. from and against any and all claims, demands, damages, liability and injuries whatsoever except any thereof resulting from the gross negligence or intentional misconduct of Waldwick Covered Courts, Inc. or its owners, employees or representatives. I hereby represent that I am presently healthy, in sound general physical condition and otherwise competent to participate in activities at Waldwick Covered Courts, Inc.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**