

SUMMER 2016

It's
"FIESTA"
Time
at CRC!

Luis Fidalgo's "FIESTA" Doubles League

Join Luis Fidalgo on the doubles court for Men's Doubles action — as much tennis and fiesta as anyone could ask for!

- July 13 – August 16, 2016
6 Weeks
- WEDNESDAYS 9:00 – 10:30 pm
- Cost: \$15. per session (come once or come to all!)
- New tennis balls for play each week
- Serving-up Cervesa (beer) & pretzels after the match

COURTSIDE ●
RACQUET CLUB

2009 USTA NATIONAL
FACILITY OF THE YEAR
2013, 2014, 2015 USTA
Middlestates Premier Facility

www.courtsideracquet.com
or call 908-713-1144

Please save top half of form for scheduling reference

Luis Fidalgo's "FIESTA" Doubles League SUMMER 2016 Registration

Sign me up!

WEDNESDAYS 9:00 – 10:30 pm, July 13 – August 16, 2016

Name: _____

Telephone Number: (_____) _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Note: All players must be members.

Is the participant a member?

Yes No

League fees must be paid before the beginning of the session

Amount Enclosed: \$ _____

Please indicate: Credit Card:   

OR: VIP Number: _____ Card No: _____ Exp. date _____

OR: Check Enclosed, payable to: **Courtside Racquet Club** Signature: _____

Release Statement: The undersigned, an adult Participant of legal age, agree that the I will abide by the rules of Courtside Racquet Club, LLC and I hereby release, discharge, and/or otherwise agree to indemnify, defend and hold harmless Courtside Racquet Club, LLC, its owners, officers, employees and instructors against any claim by or on behalf of myself or any third party arising out of my involvement in any activities at Courtside Racquet Club. I hereby represent that I am presently healthy, in sound general physical condition and otherwise competent to participate in activities at Courtside Racquet Club. In the event I am unable, for any reason, to make such decisions, I hereby authorize and consent to be transported for emergency medical care, if necessary, and for such emergency medical treatment as may be determined to be in my best interest by the appropriate medical personnel.

By enrolling in this program I agree to the above release.

Date: _____ Print Name: _____ Signature: _____