



SPRING 2017

Join Us on the court for men's doubles action!

● **March 29 – June 21, 2017**
13 Weeks

● **Wednesdays 9:00 – 10:30 pm**

● **Cost:** \$25. per week

● New tennis balls for play each week

● Serving-up beer & pretzels after the match

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



COURTSIDE ●
RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR
2013, 2014, 2015, 2016 USTA Middlestates Premier Facility

Please save top half of form for scheduling reference

Men's Doubles League **SPRING 2017 Registration**

Sign me up!

☐ Wednesdays 9:00 – 10:30 pm, March 29 – June 21, 2017

Name: _____

Telephone Number: (_____) _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Amount Enclosed: \$ _____

Please indicate: Credit Card: ☐  ☐  ☐ 

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

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

Release Statement: I, the Undersigned, an adult participant of legal age, hereby agree that I will abide by the rules of Courtside Racquet Club, LLC (hereinafter "Courtside") and I hereby release, discharge, and/or otherwise indemnify Courtside, 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. I hereby represent that I am healthy, in sound physical condition and otherwise competent to participate in activities at Courtside. In the event that 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, and I hereby release and hold harmless Courtside in connection therewith. For good and valuable consideration I hereby consent to and authorize the reproduction, for publication use by Courtside for promotional materials, use of any photograph of me and use of my name in such promotional materials. (If you have any questions please give us a call).

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

Date: _____ Print Name: _____ Signature: _____