

2017 Fall Ladies League **Doubles**

- Wednesdays beginning September 27
Noon – 2:00 pm
- 10 Week, Round-robin Team Competition
- Cost: \$28. per week
- Balls Included
- Season End Lunch
- 1st & 2nd Place Trophies

COURTSIDE RACQUET CLUB

2009 USTA NATIONAL FACILITY OF THE YEAR
2013, '14, '15, '16, '17 USTA Middlestates Premier Facility

WWW.COURTSIDERACQUET.COM
or call 908-713-1144

Please save top half of form for scheduling reference




2017 Fall Ladies League Doubles **Registration**

Sign me up! Name: _____ Member or Non-member
 Home Number: (____) _____ Cell Number: (____) _____
 E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

I have a partner: Name: _____ Member or Non-member
 Home Number: (____) _____ Cell Number: (____) _____
 E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Amount Enclosed: \$ _____	Please indicate: Credit Card: <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 
OR: <input type="checkbox"/> VIP Number: _____	Card No: _____ Exp. date _____
OR: <input type="checkbox"/> Check Enclosed, payable to: Courtside Racquet Club 1115 Route 31 South, Lebanon, NJ 08833	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: _____