



# Men's Doubles League Action!

## SPRING 2019

MARCH 20 – JUNE 19, 2019  
14 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



**COURTSIDE**  
**RACQUET CLUB**

2009 USTA NATIONAL FACILITY OF THE YEAR  
2013, '14, '15, '16, '17, '18 USTA Middlestates Premier Facility

[www.courtsideracquet.com](http://www.courtsideracquet.com)  
or call 908-713-1144

Please save top half of form for scheduling reference

## Men's Doubles League SPRING 2019 Registration

### Sign me up!

Wednesdays 9:00 – 10:30 pm, March 20 – June 19, 2019

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: \_\_\_\_\_