



ADULT LEAGUES SUMMER 2010

“IMPROVE YOUR SKILLS - MEET NEW PLAYERS!!”

Every league offers the following: ♦ Play starting the week of May 10 – August (late)
♦ New Penn / Wilson balls each

League cost (15 weeks): ♦ Singles: Members - \$277.50 Non Member - \$352.50
♦ Doubles: Members - \$140.00 Non Members - \$215.00

Please check league registering for ()

| <u>LEAGUE</u> | <u>LEVEL</u> | <u>DAY</u> | <u>TIME</u> |
|-----------------|--------------------------------------|------------|-----------------|
| Mens Doubles: | <input type="checkbox"/> (3.0-3.5) | Wednesday | 6:30 - 8:00 pm |
| | <input type="checkbox"/> (3.5-4.0) | Thursday | 6:30 - 8:00 pm |
| Mens Singles: | <input type="checkbox"/> (3.0-3.5) | Tuesday | 6:30 – 8:00 pm |
| Womens Doubles: | <input type="checkbox"/> (3.0-3.5) | Monday | 6:30 - 8:00 pm |
| | <input type="checkbox"/> (2.5-3.0) | Tuesday | 9:30 - 11:00 am |
| | <input type="checkbox"/> (3.0-3.5) | Thursday | 6:30 – 8:00 pm |
| | <input type="checkbox"/> (2.5-3.0) | Friday | 9:30 - 11:00 am |
| Womens Singles: | <input type="checkbox"/> (3.0-3.5) | Thursday | 9:30 – 11:00 am |
| Mixed Doubles: | <input type="checkbox"/> (6.5 Combo) | Monday | 6:30 – 8:00 pm |
| | <input type="checkbox"/> (7.5 Combo) | Monday | 6:30 – 8:00 pm |

- Both sides of this registration form must be completed -

Blairwood Summer 2010 Adult League Registration

APPLICATION INFORMATION:

NAME _____

ADDRESS: _____ STATE _____ ZIP _____

TELEPHONE # (H) _____ (W) _____

EMAIL _____

RELEASE FROM LIABILITY AND INDEMNIFICATION:

In consideration of registering for the Blairwood Adult Tennis Clinic(s) (the "Clinics") at Blairwood Tennis, Swim and Fitness Club ("Blairwood"), I certify that I am of normal health and in proper physical condition to participate in the Clinic, and have not been otherwise informed by a physician. I acknowledge that I am aware of the risks inherent in participating in tennis (both practice and competition); that tennis is a physical sport which can require considerable running, starting, stopping and physical exertion; in heat and humidity; and could potentially lead to overheating and dehydration; possible limb injuries; possible permanent disability and death; and agree to assume all of those risks and to waive any and all rights to claims for injuries, loss or damages arising out of my participation in the Clinics(s).

I further certify that I maintains adequate health insurance to cover any injuries occurring as a result of participation in the Clinic(s) at Blairwood.

I hereby give permission to the Blairwood staff to secure emergency medical services, including transportation and physician.

SIGNATURE: _____ **Date:** _____

PAYMENT INFORMATION:

Full payment is due with registration, and is payable by Cash, Check, Visa, Master Card, American Express or Discover.

If paying by Credit Card:

TYPE CARD(✓) Visa Master Card American Express Discover

Name of Cardholder: _____ Amount Due:\$ _____

Card # _____ Expiration Date: _____

Signature of Cardholder: _____

Please Note: Only the amount you have indicated will be charged to your credit card.