

College Racquet Club
REGISTRATION FORM and AGREEMENT
Fall / Winter Season 2020-21

30 Weeks Starting October 5th, 2020 (TBD) 9/29/20

Full Season Court Rates

<u>Days</u>	<u>Time</u>	<u>Price</u>
Monday-Friday	7AM-8AM	\$1320
	8AM-9AM	\$1500
	9AM-1PM	\$1795
	1PM-3PM	\$1500
	8PM-10PM	\$2460
	10PM-12AM	\$1350
Friday Only	8PM-11PM	\$1440
Saturday/Sunday	7AM-8AM	\$1500
	8AM-9AM	\$1650
	9AM-3PM	\$2460

(Closed on Thanksgiving Day, Christmas Day and New Years Day)

PAYMENT INFORMATION

A deposit of 25% is required at the time of Registration. The Balance is due in 3 Payments on the following Dates : **11/16/20 - 25% 1/11/21 - 25% 3/8/21 - 25%**

Participation is for the full season. No refunds will be given for withdrawal after the season begins. In the event of another COVID 19 Courts may be Pro-rated.

Checks, credit cards and Zelle payments are accepted at the Pro Shop.

LIABILITY WAIVER, ASSUMPTION OF RISK AND RELEASE AND OTHER TERMS

I agree that I will abide by all the rules and regulations which now exist or which may be hereafter adopted or amended by College Racquet Club.

I further acknowledge and agree that there are certain inherent dangers in playing tennis and in participating in other programs, services and activities at College Racquet Club and that College Racquet Club shall not be liable for any personal injuries, property damage, or other loss sustained by the named participant in, on or about the premises of College Racquet Club, or

arising out of the use or intended use of any facilities, equipment or other property of College Racquet Club.

I hereby further declare that I am physically sound and suffering from no conditions, impairments, disease, infirmity or other illness that would prevent me from participation in College Racquet Club programs, services and activities. In the case of accident or injury and if an emergency contact person cannot be reached, I grant College Racquet Club permission to obtain medical attention if necessary, for which I will be financially responsible.

College Racquet Club reserves the right to cancel this contract at any time, at its sole discretion, and College Racquet Club's sole liability shall be to refund any amounts previously paid on a pro-rata basis.

College Racquet Club reserves the rights to close courts for repair or alteration. College Racquet Club reserves the right to photographs or video taken at the facility to be used for publicity or advertising. If I provided my email address above, College Racquet Club is authorized to contact me at such address directly.

Responsibility of Coordinator and Players

The Coordinator acknowledges that he/she is responsible for the full cost of the reserved seasonal court. Cancellation of a reserved seasonal court by the group, or the departure of one or more players from the group prior to or during the season does not alleviate the Coordinator of his /her responsibilities under this paragraph.

I agree that I will abide by all the rules and regulations which now exist or which may be hereafter adopted or amended by College Racquet Club.

When College Racquet Club is responsible for lost playing time by reason of emergency or unexpected conditions, make-up time will be scheduled with the

Coordinator based on court availability. If the court not used due to players choosing to observe religious holidays, make-up time will be scheduled with the Coordinator based on court availability. All make-up time must be used by August of season time year.

All Players must complete and sign the Player Information portion of this document. Guests are not allowed unless they complete and sign a Registration Form and Agreement – Guest.

College Racquet Club reserves the right to terminate this agreement at any time for unsportsmanlike conduct on the part on any Coordinator or Player or for any reason deemed to be good and sufficient by College Racquet Club's management. In this event the expired portion of the court rental payment will be returned to the Coordinator and College Racquet Club will be under no responsibility.

PLAYER INFORMATION – To be completed and signed by the Coordinator and all Players

Coordinator: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 2: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 3: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 4: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 5: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 6: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 7: _____
First Name Last Name

Street Address City State Zip

Phone: _____
Cell Home Email

Signature

Player 8: _____
First Name Last Name

Street Address City State Zip

Phone : _____
Cell Home Email

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Signature
