



NEW!! USTA LEVEL 3.5-4.0 SINGLES CLINIC  
FALL 2010 REGISTRATION

SESSION: SEPTEMBER 8<sup>TH</sup> – DECEMBER 15<sup>TH</sup>, 2010 14 WEEKS\*  
\*There is no class 11/26  
DAY/TIME: WEDNESDAY 1:00-2:30PM  
PROS: STAFF - GO INAGAWA, NEEL ROY AND RRC PROFESSIONAL PROS  
FORMAT: 3 AND A PRO, SINGLES STRATEGY AND POINT PLAY  
DEADLINE: AUGUST 15<sup>TH</sup>

PLEASE RETURN THIS FORM ACCOMPANIED BY A CHECK FOR FULL PAYMENT BY AUGUST 15<sup>TH</sup>. SPACES ARE LIMITED. IF YOU FORM YOUR OWN GROUP, YOU WILL RECEIVE A PRIORITY TO RESERVE YOUR COURT. PLEASE NOTE "NO SPOTS WILL BE HELD WITHOUT A CHECK.

PRICES:

- \$1120/PLAYER- FULL SHARE – 14 WEEKS DEPOSIT: \$600 (BALANCE DUE BY AUGUST 31<sup>ST</sup>)
- \$575/PLAYER - HALF SHARE PLAYS EVERY OTHER WEEK – 7 WEEKS DEPOSIT: \$300 (BALANCE DUE BY AUGUST 31<sup>ST</sup>)

NAME: \_\_\_\_\_ EMAIL (PLEASE PRINT): \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

- \*\$3360/GROUP - PRE-FORMED GROUP (MAXIMUM 6 TO ROTATE) - RESERVE A COURT AND SET UP YOUR OWN 14-WEEK ROTATION WITH THE GROUP. \*DEPOSIT: \$1500 (BALANCE DUE BY AUGUST 31<sup>ST</sup>)

\* IF YOU FORM YOUR OWN GROUP, PLEASE FILL OUT THE INFORMATION BELOW:

THE CAPTAIN'S NAME: \_\_\_\_\_  
EMAIL (PLEASE PRINT): \_\_\_\_\_  
HOME: \_\_\_\_\_ CELL: \_\_\_\_\_  
STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

NAME OF OTHER PLAYERS:

PLAYER 1: NAME _____	PHONE _____
PLAYER 2: NAME _____	PHONE _____
PLAYER 3: NAME _____	PHONE _____
PLAYER 4: NAME _____	PHONE _____
PLAYER 5: NAME _____	PHONE _____
PLAYER 6: NAME _____	PHONE _____

NEW APPLICANT, HOW DID YOU HEAR ABOUT US? \_\_\_\_\_  
ESTIMATED GROUP LEVEL OF PLAY: 3.5 4.0  
HAVE YOU PLAYED ANY USTA/MITL TEAM? YES NO  
IF YES, WHICH CLUB/TEAM: \_\_\_\_\_

## RRC RULES AND PROCEDURES

- ◆ A check must accompany the application
- ◆ Submitting this application does not guarantee placement.
- ◆ Cancellations made after August 31<sup>st</sup> will be assessed a \$200 late cancellation fee.
- ◆ No refund, transfer or credit will be given for withdrawals or absences after the session begins.
- ◆ Neat tennis attire & tennis sneakers ONLY.
- ◆ Sneakers must be non-marking & flat soled.
- ◆ RRC retains the right to any photographs taken of students to be used for publicity or advertising.
- ◆ Child care: Supervised child care is available Monday through Friday 8:30am to 3:00pm for children two years and older. The Rye Racquet Club assumes no responsibility for the babysitter and/or the child. The charge is \$5.00 per child.

CONSUMERS RIGHT TO CANCELLATION. YOU MAY CANCEL THIS CONTRACT WITHOUT ANY PENALTY OR FURTHER OBLIGATION WITHIN THREE (3) DAYS FROM THIS DATE. ADDITIONAL RIGHTS OF CANCELLATION: YOU MAY ALSO CANCEL THIS CONTRACT FOR ANY OF THE FOLLOWING REASONS: If upon a doctor's order you cannot physically receive the service because of significant physical disability for a period in excess of six months. If you die, your estate shall be relieved of any further obligation for payment under the contract not then due and owing. If you move your residence more than 25 miles from any health club operated by seller. If the services cease to be offered as stated in the contract.

## LIABILITY WAIVER AND ASSUMPTION OF RISK AND RELEASE

By signing below I agree that I will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Rye Racquet Club (the Club). I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the Club shall not be liable for any personal injuries, property damage, or other loss sustained by me or my children in, on or about the premises of the Club, or arising out of the use or intended use of any facilities, equipment or other property of the Club, whether or not said personal injuries, property damage, or other owners, agents or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other players, player's children or guests of players.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

MAKE CHECKS PAYABLE TO: RYE RACQUET CLUB AND MAIL TO:  
RYE RACQUET CLUB, P.O. BOX 646 HARRISON, NY 10528  
PHONE: 914.835.3030  
[www.ryeracquet.com](http://www.ryeracquet.com)

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