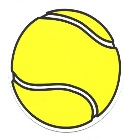
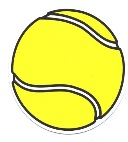
**WALDWICK COVERED COURTS**

**155 HOPPER AVENUE, WALDWICK, NJ 07463**

**201-444-3322**

** **

**EVENING**

**SUMMER ADULT DRILL & PLAY**

***SIGN UP NOW TO RESERVE A SPOT!***

***Tuesday***

***7:00pm – 9:00 pm***

**SESSIONS: Please circle desired MONTH(S)**

**JUNE JULY AUGUST**

**June 06 July 11 Aug. 01**

**June 13 July 18 Aug. 08**

**June 20 July 25 Aug. 15**

**June 27 Aug. 22**

**MONTHLY COMMITMENT REQUIRED - $58.00 PER CLASS**

**PAY FOR THE DAY - $60.00 PER CLASS (SUBJECT TO AVAILABILITY)**

**.**

**FULL PAYMENT MUST ACCOMPANY THIS APPLICATION**

**PLEASE MAKE CHECK PAYABLE TO BILL CSIPKAY (CREDIT CARDS ACCEPTED)**

**NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ABILITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The undersigned, agrees that I will abide by the rules of Waldwick Covered Courts, Inc., and, in connection with my use of the Waldwick Covered Courts, Inc. facilities, I, and anyone acting on my behalf, including my executors, administrators, assigns and heirs, hereby release and discharge Waldwick Covered Courts, Inc. from and against any and all claims, demands, damages, liability and injuries whatsoever except any thereof resulting from the gross negligence or intentional misconduct of Waldwick Covered Courts, Inc. or its owners, employees or representatives. I hereby represent that I am presently healthy, in sound general physical condition and otherwise competent to participate in activities at Waldwick Covered Courts, Inc.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**