CSIPKAY TENNIS TRAINING

INDOORS AT WALDWICK COVERED COURTS

201-444-3322

2023

SUMMER EVENING PROGRAM

HIGH PERFORMANCE JUNIOR TENNIS TRAINING

**TUESDAY EVENING 5:00PM – 7:00PM**

* TRAIN WITH WCC PROFESSIONALS TO MAINTAIN CONTINUED OPTIMAL DEVELOPMENT
* BUILD ATHLETIC SKILLS
* TECHNICAL AND TACTICAL DEVELOPMENT
* MATCH PLAY

**PLAY FOR THE DAY - $60.00 (subject to availability)**

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**TUESDAY 5:00-7:00PM**

**SESSIONS: PLEASE CIRCLE DESIRED MONTH(S):**

 **JUNE JULY AUGUST**

 **June 06 July 11 August 01**

 **June 13 July 18 August 08**

 **June 20 July 25 August 15**

 **June 27 August 22**

PLAYER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*PLEASE MAKE CHECK PAYABLE TO: BILL CSIPKAY (Credit Cards Accepted)*

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.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_