Note: Please use one sheet per person and per program.

NEWFIELD TENNIS PROGRAM ADULT APPLICATION

NAME/STUDENT_____

ADDRESS_____**EMAIL**_____

HOME PHONE_____**WORK PHONE**_____

(Please check appropriate box)

PROGRAM: FCWTL LADIES TEAM ☐ **A** ☐ **B** ☐ **USTA C** ☐

DAY/TIME: _____/_____

PAY METHOD: *CREDIT CASH CHECK (payable to: Keith Bliska Tennis Services LLC) *VENMO @Keith-Bliska

Please note that all adult program applications and payment must be completed and received before enrollment into any program/clinic offered here at Newfield. There will be no phone applications accepted for any participant. Please note that the dress code will be strictly enforced for all of our participants.

EMAIL: tennispro@newfieldclub.org Director available @ Newfield starting May 8th.

Injury Release

I, THE PARTICIPANT ABOVE, WHO PARTICIPATES IN THE NEWFIELD SWIM AND TENNIS PROGRAM, ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITY AND TRANSPORTATION TO AND FROM THE ACTIVITY. I AM AWARE THAT PARTICIPATING IN ANY NEWFIELD PROGRAM CAN BE A DANGEROUS ACTIVITY INVOLVING MANY RISKS OF INJURY. I DO FURTHER RELEASE ABOVE, IMDEMNIFY AND WAIVE ANY CLAIMS AGAINST NEWFIELD SWIM CLUB, INC AND/OR KEITH BLISKA TENNIS SERVICES LLC.

SIGNATURE _____**DATE**_____

(Failure to sign above will result as an incomplete application)

Mail to: Keith Bliska, 12 Allyndale Dr. Stratford, CT 06614