

RESERVATION & WAIVER SHEET



CHILD NAME:

AGE:

PROGRAM(s):

AMOUNT:

INJURY RELEASE

I, the parent/guardian of the child mentioned above, who will be participating in the Newfield 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 potential risks of injury. I do further release and indemnify and waive any claims against Keith Bliska Tennis Services LLC, Newfield Swim Club, Inc.

Signature of Parent/Guardian
Date

RESERVATION POLICY

Please note that this confirms your reservation and you **must** submit payment before enrollment into any program/clinic is finalized. You may mail payment, along w/ sheet, to: Keith Bliska 12 Allyndale Dr Stratford, CT 06614 or present payment at Open House on 5/16.

**We will be following all CDC/Covid rules*

