

**LAKEVILLE PLATFORM TENNIS
2022-2023 SEASON**

NAME: _____

MAILING ADDRESS: _____

E-MAIL: _____

MOBILE PHONE: _____

FEE (CIRCLE ONE):

INDIVIDUAL: \$125

FAMILY (COUPLE AND/OR CHILDREN*): \$175

PLEASE RETURN APPLICATION, SIGNED WAIVER AND CHECK BY **OCTOBER 1** PAYABLE TO

TOWN OF SALISBURY

SEND TO: SUZANNE QUAINANCE
PO BOX 1657
LAKEVILLE, CT. 06039

QUESTIONS?: EMAIL SUZANNEQUAINANCE@YAHOO.COM

*NOTE: ONE SIGNATURE ON WAIVER FOR FAMILY MEMBERSHIP COVERS ALL MEMBERS OF YOUR FAMILY.

2022-23 LAKEVILLE PLATFORM TENNIS WAIVER

In consideration for participation in Lakeville Platform Tennis for the 2022-23 season, the undersigned hereby agrees that:

1. I/WE FULLY ASSUME ALL RISKS ASSOCIATED WITH PARTICIPATION IN LAKEVILLE PLATFORM TENNIS, EVEN IF DUE TO THE NEGLIGENCE OF THE TOWN OF SALISBURY, ITS AGENTS, SERVANTS OR EMPLOYEES.
2. I/WE HEREBY RELEASE AND AGREE THAT I/WE WILL NOT SUE, THE TOWN OF SALISBURY, ITS AGENTS, SERVANTS AND EMPLOYEES, AND ALL OF ITS DEPARTMENTS, BOARDS, COMMISSIONS AND AGENCIES, INCLUDING THE SALISBURY RECREATION COMMISSION AND ITS STAFF MEMBERS FROM ALL LIABILITY SHOULD ANY INJURY TO ME OCCUR DURING PARTICIPATION IN LAKEVILLE PLATFORM TENNIS, EVEN IF CAUSED BY THE NEGLIGENCE OF THE TOWN OF SALISBURY, ITS AGENTS, SERVANTS OR EMPLOYEES.
3. I/WE, FOR MYSELF/OURSELVES AND FOR MY/OUR HEIRS, ASSIGNS, SUCCESSORS, EXECUTORS, ADMINISTRATORS, AND LEGAL REPRESENTATIVES, AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS THE TOWN OF SALISBURY, ITS AGENTS, SERVANTS AND EMPLOYEES, AND ALL OF ITS DEPARTMENTS, BOARDS, COMMISSIONS, AND AGENCIES, INCLUDING THE SALISBURY RECREATION COMMISSION AND ITS STAFF MEMBERS FROM ANY AND ALL CLAIMS, SUITS, OR DEMANDS BY ANYONE ARISING FROM MY/OUR PARTICIPATION IN LAKEVILLE PLATFORM TENNIS, EVEN IF CAUSED BY THE NEGLIGENCE OF THE TOWN OF SALISBURY, ITS AGENTS, SERVANTS OR EMPLOYEES.

I certify by my signature that I have read this document carefully and fully understand the risks involved with participation in Lakeville Platform Tennis and wish to continue to participate. I further understand that by signing this agreement I am giving up substantial legal rights. I have not been induced to sign this agreement by any promise or representation and I sign it voluntarily and of my own free will.

Signature of Participant/Date:

Name (Please print): _____

BLOCK BOOKING GUIDELINES

PLEASE READ CAREFULLY!

IMPORTANT: Paddle Clinics will be held Saturday mornings from 8:30-11:30 two times per month throughout the season and Paddle Socials will be held on Friday evenings at 5:30 roughly once per month. If you choose to book a regular game during these time periods, your game may be canceled (not more than 1x/month) if there is a conflict with a clinic or social date.

- Each team shall assign one Captain who will submit the block booking form for that team.
- All four players must have their application, signed waiver and checks submitted by October 1st in order to be entered into the lottery.
- The lottery will take place on October 8th. Members will be notified of their assigned court reservations.
- If you wish to reserve more than one court per week, there must be a different captain and at least 2 other players.
- Once the recurring reservations have been entered into the CourtReserve system, your CourtReserve membership will be activated and you will be able to book individual games. *Please note that courts may not be reserved more than 7 days in advance.*

**2022-23 LAKEVILLE PADDLE TENNIS
BLOCK BOOKING FORM**

GROUP CAPTAIN: _____

MEMBER 1: _____

MEMBER 2: _____

MEMBER 3: _____

AVAILABLE TIME SLOTS

7:00 / 8:30 / 10:00 / 11:30 / 1:00 / 2:30 / 4:00 / 5:30 / 7:00

1ST CHOICE (DAY/TIME): _____

2ND CHOICE (DAY/TIME): _____

ALL PAPERWORK AND PAYMENT DUE BY OCTOBER 1ST.