

**LAKEVILLE PLATFORM TENNIS  
2023-2024 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](mailto:SUZANNEQUAINANCE@YAHOO.COM)

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

## 2023-24 LAKEVILLE PLATFORM TENNIS WAIVER

In consideration for participation in Lakeville Platform Tennis for the 2023-24 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:

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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 1<sup>st</sup> in order to be entered into the lottery.
- The lottery will take place on October 8<sup>th</sup>. 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.*

**2023-24 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**

**1<sup>ST</sup> CHOICE (DAY/TIME):** \_\_\_\_\_

**2<sup>ND</sup> CHOICE (DAY/TIME):** \_\_\_\_\_

**ALL PAPERWORK AND PAYMENT DUE BY OCTOBER 1<sup>ST</sup>.**