ROBBIE WAGNER'S
TOURNAMENT TRAINING CENTER

PLEASE COMPLETE AND RETURN TO:
Robbie Wagner's Tournament Training Center
60 Sea Cliff Avenue • Glen Cove, NY 11542
Tel: (516) 759-0505 • Fax (516) 759-0658

WOMEN'S LEAGUE APPLICATION 2020-2021

Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Cell: _____ **Home:** _____ **Work:** _____
Email Address: _____ **Contact Preference:** ☐Text ☐Email ☐Phone
Playing Level: _____

LEAGUE PROGRAMS

SPACE IS LIMITED! ENROLL NOW!

Monday Fall Starting Date: September 14
- ☐ 9:30-11:00 AM Intermediate Doubles League (per person) $475

Tuesday Fall Starting Date: September 8
- ☐ 9:00-12:00 PM Advanced Singles League $450
  * NEW * WORKING WOMEN'S NIGHT LEAGUE
- ☐ 8:00-9:30 PM Intermediate to Advanced Singles $550

Wednesday Fall Starting Date: September 9
- ☐ 11:00-12:30 PM Advanced Doubles League (per person) $475
- ☐ 12:30-2:00 PM Advanced Invitational Doubles (per person) $475

Thursday Fall Starting Date: September 10
- ☐ 9:30-11:00 AM Instructional Intermediate Singles League $620
- ☐ 1:00-2:30 PM Advanced Singles League $400
- ☐ * NEW * 9:30-11:00 PM Intermediate Doubles $475

Friday Fall Starting Date: September 11
- ☐ 9:00-12:00 PM Advanced Intermediate Doubles League $475
- ☐ 9:00-12:00 PM Advanced Invitational Singles League $450
- ☐ * NEW * 9:00-12:00 PM 4.0 - 5.0 Advanced Doubles $475

PAYMENT TERMS

NO MEMBERSHIP FEES!

PAYMENT IN FULL MUST BE RECEIVED BEFORE THE BEGINNING OF THE SEMESTER TO GUARANTEE A SPOT.

Payment Method:
☐ **Check payment enclosed in the amount of: $_____ payable to: RWTT**
☐ **Please charge the credit card listed below in the amount of: $_____**
☐ **MasterCard** ☐ **Visa** ☐ **American Express** **Expiration Date**

By signing below, I fully understand that I must remit the required deposit upon enrollment and must pay in full no later than the first six weeks of play. After the sixth week, I authorize RWTT to charge my credit card for the remaining balance. I accept that enrollment in RWTT programs is for the full session and that no refunds will be given for withdrawals or absences after the session begins. Under no circumstances will the deposit be refunded. Credit to be applied at management's discretion. By signing below I agree that I am either the named participant, or the parent or legal guardian of the named participant (if such participant is a minor), and that we will abide by all rules and regulations which now exist or which may be hereafter adopted or amended by RWTT. I further acknowledge and agree that there are certain inherent risks and dangers in playing tennis and that RWTT shall not be liable for any personal injuries, property damage or other loss sustained by me or the named participant in, on, or around the premises of RWTT, or arising out of the use or intended use of any facilities, equipment or other property of RWTT. I, the undersigned, for myself, my child (if applicable), my heirs, executors, legal representatives, and administrators waive, hereby release and forever discharge any and all rights and claims for damages, injuries or loss of or damage to property that I may have or that may hereafter accrue to me against RWTT, their office, directors, members, employees, agents or contractors. I further indemnify, defend and hold harmless RWTT, their officers and directors, members, employees, agents or contractors from all suits, claims, judgements, and expenses including, but not limited to, reasonable attorneys fees, arising from (a) injury to any person, including, but not limited to, death, or (b) damage or loss to personal property, including but not limited to theft or vandalism, which in any way arises out of, relates to, or connects to any act, failure to act, or negligence by me (or my child) in connection with participation in any practice, workout or play in, around, or at the RWTT. I further understand that RWTT retains the rights to any photographs or video taken at the facility to be used for publicity or advertising.

Signature: X_____ **Date:**_____