

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

1	WOMEN'S LEAGUE APP	LICATION SPRING 2023
Name:		
City:	State:	Zip:
Cell:	Home:	Work:
Email Address:		Contact Preference: ☐Text ☐Email ☐Phone
Playing Level:		
LEAGUE PRO	OGRAMS	SPACE IS LIMITED! ENROLL NOW!
	Monday - Spring ☐ 9:30-11:00 AM Intermediate Doubl	les League (per person) \$515
Tuesday- Spring ☐ 9:00-12:00 PM Advanced Singles League		
	Wednesday - Spring ☐ 11:00-12:30 PM Advanced Doubles	League (per person) \$515 nal Doubles (per person) \$515
Thursday - Spring ☐ 9:30-11:00 AM Instructional Intermediate Singles League \$675 ☐ 1:00-2:30 PM Advanced Singles League		
	Friday - Spring ☐ 9:00-12:00 PM Advanced Intermed	iate Doubles League\$515
PAYMENT TE	RMS	NO MEMBERSHIP FEES!
		EGINNING OF THE SEMESTER TO GUARANTEE A SPOT.
Pavment	☐ Check payment enclosed in the a	amount of: \$ payable to: RWTT
		ed below in the amount of: \$
		☐ American Express Expiration Date
ALL PROGRAM SIGN-UPS WILL REQUIRE A 50% DEPOSIT AND THE REMAINING BALANCE WILL BE CHARGED AFTER THE FIRST 6 WEEKS OF PLAY.		
explained above. I auth and that no refunds will be applied at managem participant (if such part amended by RWTT. I fur for any personal injuries out of the use or intend executors, legal represe loss of or damage to procontractors. I further inclaims, judgements, and to, death, or (b) damage to any act, failure to act,	orize RWTT to charge my credit card for the remainir I be given for withdrawals or absences after the sess ent's discretion. By signing below, I agree that I am icipant is a minor), and that we will abide by all rule ther acknowledge and agree that there are certain ir s, property damage or other loss sustained by me o led use of any facilities, equipment or other property intatives, and administrators waive, hereby release a operty that I may have or that may hereafter accrue demnify, defend and hold harmless RWTT, their offic I expenses including, but not limited to, reasonable a or loss to personal property, including but not limite or negligence by me (or my child) in connection wit	It upon enrollment and must adhere to the terms of the payment plan as any balance. I accept that enrollment in RWTT programs is for the full session begins. Under no circumstances will the deposit be refunded. Credit to either the named participant, or the parent or legal guardian of the named es and regulations which now exist or which may be hereafter adopted or the named participant in, on, or around the premises of RWTT, or arising yof RWTT. I, the undersigned, for myself, my child (if applicable), my heirs, and forever discharge any and all rights and claims for damages, injuries or to me against RWTT, their office, directors, members, employees, agents or contractors from all suits, etcorneys fees, arising from (a) injury to any person, including, but not limited d to theft or vandalism, which in any way arises out of, relates to, or connects th participation in any practice, workout or play in, around, or at the RWTT. I to taken at the facility to be used for publicity or advertising.
Signature: X_		Date: