



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

WORKING WOMEN'S CLINIC APPLICATION 2022-2023

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

LESSON PROGRAMS

Fine tune your skills and improve court positioning with one of our tennis professionals.
 Continue to develop your strokes and gain confidence in your match play ability.
 Hit with a purpose, make all your shots count!

SPACE IS LIMITED!

15 SESSIONS \$675.00
Session Time: 7:00 - 8:30 pm

ENROLL NOW!

Tuesdays

Thursdays

PAYMENT TERMS

NO MEMBERSHIP FEES!

Payment Method: Check payment enclosed in the amount of: \$ _____ payable to: RWTT
 Please charge the credit card listed below in the amount of: \$ _____

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	Expiration Date																
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By signing below, I fully understand that I must remit a 50% deposit upon enrollment and will automatically be enrolled in a monthly payment plan over 4 months. All balances will be charged on the 1st day of each month. 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:** _____