



New Rochelle Racquet Club at Flint Park

Spring/Summer
INQUIRE AT FRONT DESK FOR DATES AND POLICY INFORMATION
Contact: Dean@nrrc.us

New Rochelle Racquet Club,
130 Rhodes Street
New Rochelle NY 10801
914-636-1003 Fax 914-636-1021
www.nrrc.us

Suspension Dates: 4/10-16, 5/27-29, 7/4, 9/2-4

PLAYER INFORMATION PLEASE PRINT CLEARLY

Male Female

Last Name _____ First Name _____ Date of Birth _____

Responsible Party/Parent's Name _____

Parent's Email Address - **Required for billing and communications** _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____ Cell Phone _____

Program	Private	Semi-Private	3 Player Group	4 Player Group
Preferred Day _____	\$125 per hour	\$75 per person/per hour	\$55 per person/per hour	\$45 per person/per hour
Preferred Time _____				
Number of Lessons				
Total Balance				

Rain Policy: Under construction

As applicant, I hereby agree to participate and agree to comply with all program regulations and hereby remove NRRC from any liability for injuries incurred while involved in the program. The use of the facility is strictly at the players' risk. The club is not responsible for injuries, accidents or damage to personal property arising from normal athletic activities on the premises. Injuries arising from the interactions with other persons on the court are not the responsibility of the club. If I cancel out of the program for any reason, I am liable for the full session cost. Refunds will be given on a pro-rated basis if the vacant spot(s) can be sold. Doctor's note is needed for medical withdrawal for program credit.

Signature: (Required) _____

PAYMENT INFORMATION

The payment is a Deposit Payment in Full

Check payment enclosed in the amount of: \$ _____

Please charge my credit card in the amount of: \$ _____

MasterCard VISA AMEX

Name on Card: _____

Exp. Date

CVV _____

Keep Card on File