

PLATFORM TENNIS

Residents of all ages are invited to partake in this wonderful cool weather sport. To register, please fill out the registration form below and return it to the Recreation Department Office with payment.

The courts will open for the season in early October and weekend reservations will be taken beginning Friday, November 6. **Reminder: Non-residents are welcome to purchase permits at the School District rates.**

2015 - 2016 PERMIT FEE SCHEDULE

	<u>Village Residents (VBMR)</u>	<u>School District (BMSD) & Non-Residents (NONR)</u>
Family	\$250.00 Act. #3000-1	\$380.00 Act. #3020-1
Adult	\$180.00 Act. #3000-2	\$255.00 Act. #3020-2
Child	\$ 80.00 Act. #3000-3	\$100.00 Act. #3020-3
Sr. Citizen	\$100.00 Act. #3000-4	\$120.00 Act. #3020-4



PLATFORM TENNIS PERMIT APPLICATION 2015-2016

Please return completed form with payment to the Briarcliff Manor Recreation Department - 3 Library Road, Briarcliff Manor, NY 10510

Player's Name: _____ male female Age: _____
 Address: _____ Zip: _____
 Phone: (Home) _____ (Work) _____ (Cell) _____
 E-mail Address: _____ **** Required for registration confirmation/receipt**

PERMIT TYPE - See Activity #s listed Above: **Act. #** _____

If choosing a FAMILY PERMIT, please list additional household players on the spaces below:

Player's Name: _____ male female Age: _____
 Player's Name: _____ male female Age: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:

In consideration of acceptance of my application for a Platform Tennis Permit as referenced above, I hereby for myself, my heirs, executors, administrators and assigns, waive and release and discharge any and all rights and claims for damages and/or losses which I may have against the Village of Briarcliff Manor, its officers, agents, volunteers and employees for any and all activities connected with the above referenced program. I agree that the Village of Briarcliff Manor, its officers, agents, volunteers and employees will not be liable for myself, my children (or wards), my heirs, executors, administrators or assigns for any acts in connection with the above-referenced program. I understand the meaning of the Agreement and by my signature hereon indicate that it is voluntary on my part.

SIGNATURE: _____ DATE: _____

METHOD OF PAYMENT: CASH CHECK # _____ MasterCard VISA **** (2.5% additional fee)**

Checks payable to:

Village of Briarcliff Manor (\$20 fee for returned checks). **** Credit Card information below is shredded after processing.** RECEIPT # _____

Credit Card #: _____ Exp. Date: _____ Cardholder Signature: _____