



# PROGRAM APPLICATION FORM

ACTIVE PICKLEBALL & TENNIS CENTER  
65-30 Kissena Blvd,  
Flushing, NY 11367  
718-264-2600  
aptenyc.com

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender    M    F Birth Date    /    /     
 Parent/Guardian Name (Minors) \_\_\_\_\_ E-Mail (Required) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Communication Preference :    Text    E-mail    Phone Playing Level : \_\_\_\_\_

**Junior Development Programs**  
 1 Hour Weekday / Weekend  
 1-1/2 Hour Weekday/ Weekend  
 Tournament Training  
 Match Play  
 Fitness Class  
 Tiny Tots  
 Young Hitters  
 Special Events  
 Comments - \_\_\_\_\_

**Adult Programs**  
 Morning Class  
 Evening Class  
 Drills Weekdays/Weekends  
 Cardio Tennis  
 Tennis Party /Mixer  
 Customized Group  
 Leagues  
 Special Events  
 Comments - \_\_\_\_\_

**Private Lessons/ Lesson Package**  
 1/2 Hour Privates  
 1/2 Hour Private Series  
 1 Hour Privates  
 1 Hour Privates Series  
 1 Hour Semi-private  
 Semi Private Series  
 Customized Group  
 Comments - \_\_\_\_\_

**Preferable Days and Times**  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 Comments - \_\_\_\_\_

**Pickleball Programs**  
 Open Play  
 League  
 Clinic  
 Tournament  
 Special Events  
 Pickleball Court Rental

**Court Time**  
 Open Court Time  
 Seasonal Court Time  
 GROUP - \_\_\_\_\_  
 Membership  
 Outside Pros  
 Special Events

**OFFICE USE ONLY**  
 Evaluation Level \_\_\_\_\_ Date \_\_\_\_\_ Coach \_\_\_\_\_

### Liability Waiver and assumption of Risk and Release

In consideration of his/her participation at Active Pickleball and Tennis Center ( APTC), Participant hereby acknowledges and knowingly and voluntarily assumes any and all risks of personal injury or property damages which might be associated with tennis, pickleball, sports conditioning and fitness-related activities. Participant certifies he/she is in good physical condition, sufficient to use the facilities and participate in the program. Participant, on behalf of him/herself, his/her heirs and anyone acting on Participant's behalf, releases, discharges and holds harmless the APTC, Taylin Corp, Hemco Inc, Queens College Auxiliary Enterprises Corporation, and CUNY, City of New York and their respective officers, directors, employees and representatives (collectively, Releasees) from and against any and all claims arising, directly or indirectly, in connection with Participant's participation in the program or any event related thereto from any cause whatsoever, regardless of whether caused by the negligence of the Releasees (the Released Claims). Participant, on behalf of him/herself, his/her heirs and anyone acting on Participant's behalf, covenants and agrees not to bring or be a party to any legal action or claim against the Releasees from any reason based on any of the Released Claims.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_