2026 LHVP TENNIS & PICKLEBALL REGISTRATION

****** LLOYD HARBOR RESIDENTS ONLY! ******

***** REFUNDS / CREDIT WILL NOT BE GIVEN FOR ANY REASON. *****

NAME _____ E-MAIL (Required) _____

ADDRESS _____

PHONE: _____ DATE OF BIRTH (if a minor) _____

LEVEL OF PLAY: BEGINNER _____ INTERMEDIATE _____ ADVANCED _____

TENNIS

TUESDAY - Ladies Day: 10:00 AM - 11:30 AM (June 30 - August 18) / **$350** _____

THURSDAY - Ladies Day: 10:00 AM - 11:30 AM (July 2 - August 20) / **$350** _____

SATURDAY - Men's Round Robin: 8:30 AM - 10:00 AM (June 27 - August 22) / **$375** _____
***** No clinic will be held on Saturday, July 4, 2026 *****

*** PICKLEBALL ***

TUESDAY - 6:00 PM - 7:15 PM (July 2 - August 20) / **$300** _____

For *PRIVATE TENNIS LESSONS* or questions regarding any of these offerings, contact BRIAN MAREK at: bmarek234@gmail.com

TENNIS PROGRAM RELEASE

I, as parent/guardian (or participant) of _____ ("participant"), do hereby agree that participation in any Village-sponsored recreation program will be at the participant's own risk. I acknowledge participation in the Village-sponsored recreation program involves rigorous physical activity and risks of physical injury and I expressly and voluntarily assume those risks. I further agree to waive and release the Incorporated Village of Lloyd Harbor and the Incorporated Village of Lloyd Harbor Recreation Commission, including all Village officers, elected and appointed officials, servants, agents and employees and volunteers from any and all claims against the above from and against any and all liability, loss, damages, claims, or actions (including costs and attorney fees) for any harm, bodily injury, including economic, physical, or mental, including death, and/or property damage incurred by myself or the participant in connection with the Village-sponsored recreation program. If any aspect of this waiver is deemed to be invalid, I acknowledge that the remainder of the agreement will continue to have full force and effect. I hereby give consent for emergency transportation and treatment in the event of illness or injury. I hereby accept responsibility for the payment of any emergency transportation or treatment on behalf of the participant. I further certify the participant is in good physical condition, and has no medical or physical conditions that would restrict his/her participation in this event. I understand and agree that no express or implied warranties have been made by the Village as to the fitness for use of the supplies, equipment, and facilities used in conjunction with any Village-sponsored recreation program.

_____ _____

Signature of Parent/Guardian or Participant (if over age 18) **Date**

Make checks payable to: *Village of Lloyd Harbor*

Form of payment: Check #_____ Amount Paid $_____