

**Top Spin Tennis Academy
2007 FALL ADULT SINGLES LEAGUE**

1. When: **FALL SEASON** **SEPTEMBER 17 – NOVEMBER 25**
Registration Deadline **September 14**

Cost: \$35 for the season
2. Match scoring:
A match consists of best out of three sets. Regular scoring applies.
3. Format:
The League has a pyramid format. Players are awarded 1 point for each set won.
4. Rules:
 - Match schedules will be posted on the web site: **www. TopSpinAcademy.com/league** on Mondays.
 - Matches will be played any time Monday - Sunday, at any chosen location.
 - Players are responsible for selecting the date, time, and the location for their matches, by calling their respective opponents directly, or using web site messaging system. Balls and court fees are player's responsibility. Please be on time for your matches.
 - Deadline to report scores will be: Sunday 8 p.m. If scores will not be reported by the deadline, no points will be awarded to players.
 - **To report scores, go to www.topspinacademy.com or send e-mail to topspinacademy@aol.com**
 - No substitution allowed.
 - The \$35 league registration fee is not refundable after registration deadline.
5. League coordinator: **Halina Kucharski**
Tel: (562) 252-5895
e-mail: topspinacademy@aol.com
website: www.topspinacademy.com
6. To register: Fill out the registration form. Mail it out or drop it off at Billie Jean King Tennis Center along with the \$35 registration fee before June 16, 2007

2007 SUMMER ADULT SINGLES LEAGUE REGISTRATION FORM

Name: _____ Tel: () _____ E-mail _____
Address _____ City _____ Zip _____
Circle your level: 2.5 3.5 4.5 Men _____ Women _____ Amount paid \$ _____

Please make checks payable to Top Spin Tennis

Release form

I agree to indemnify and hold harmless the Top Spin Academy, First Serve and it's staff, the City of Long Beach it's officers, agents and employees from any liability, claim or action arising out of participation in the above program. I further certify that the participant is in good health and has no physical or other impediment, which would endanger him/her in participating in such activity. I herby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant by any physician or hospital selected by Top Spin Academy Staff for any liability or incident arising out of or connected with the above program.

Participant's signature.....Date.....