

# SC1AC September Squash Clinics

## Entry/Waiver Form A, B, C, and D Levels

Time and Location: 6:30 PM to 7:20 PM at Squash Court #12

Duration: One session per week for each level for 50 minutes court time

Start & Finish Dates: **Wednesday:** 9/01/10 to 9/29/10 (5 sessions, \$125, non-members pay \$175)  
**Thursday:** 9/02/10 to 9/30/10 (5 sessions, \$125, non-members pay \$175)

Participants: All playing levels.

Instructor: Muhammad Waseem Ul Haq, International Squash Professional

Contact: Cell 502-819-7860, Fax: (408) 739-4506 E-mail: [mwhaq1@yahoo.com](mailto:mwhaq1@yahoo.com)

Division (**Please circle one**): A, B, C, D

Payment: Please pay cash or make your check payable to the "Muhammad Waseem Haq"

(PLEASE USE CAPITOL LETTERS BELOW)

Name: \_\_\_\_\_ Age (Years): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Release of Liability and Waiver:** I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless the Supreme Court I Athletic Club, it's owner/s, employees, and agents from any and all claims and demands of every kind and character from injury to my person or damage to property as a result of my participation in this event. I also agree to abide by all the relevant policies of the club and mentioned event.

Further, I have reviewed (on SC1AC website or at club), understood and pledge to follow SC1AC squash rules

Signed: \_\_\_\_\_ Date: \_\_\_\_\_