

# Experience what tennis can offer!

*I have had Multiple Sclerosis for 31 years. One of the most important decisions I made after being diagnosed was to take care of my health by exercising. After trying different programs I finally found tennis, which forever changed my life. No matter how I feel or how challenging my symptoms may be, tennis gives me the physical and mental outlet I need to deal with my disease head on. It is as critical to my health care as my medication. Best of all, it is FUN!*

~Liz Goldstein

*I recommend tennis to my patients for lots of reasons, including health benefits with the fun of participation and socializing, movement, and stretching benefits. It combines aerobic and anaerobic activities. After learning the basics, you can see improvement quickly. The indoor court facilities at Tri-City allow you to play all year round, early in the morning, or later into the evening (which is a great benefit, for someone with my schedule).*

~Dr. G. Fitz



Tri-City Fitness will be providing low cost tennis clinics for patients with multiple sclerosis, which are designed to give players the basic skills needed to enjoy the sport of a lifetime!

Players with little or no experience will be taught in a group environment, with a focus on learning basic techniques, rules, and strategies. Players are encouraged to continue their tennis development outside of these clinics by eventually joining leagues or other organized match play, or just to set up friendly competition on their own!

Clinics will run in **10 week sessions**, on the following days/times:

Wednesdays 10:00-11:00 AM  
January 8<sup>th</sup> - March 11<sup>th</sup>

Thursdays 5:30-6:30 PM  
January 9<sup>th</sup> - March 12<sup>th</sup>

To sign up, please fill out the registration form and either mail it in or drop it off at the club. **Please contact Billy ([bctricity123@gmail.com](mailto:bctricity123@gmail.com)) or call him at Tri-City (518-785-4311) with any questions!**



## MS Patient Beginner Clinic Registration Form

Please print clearly and fill out both sides.

Player Name

Address

City

Zip

Home or Cell Phone Number

E-mail Address

Medical Concerns

### PAYMENT & LIABILITY WAIVER AND ASSUMPTION OF RISK & RELEASE

I understand that membership is required for participation in Tri-City Fitness (the "Club") programs, that this application must be accompanied by the required non-refundable payment in full to confirm registration. If my account is not paid as required, I consent that Tri-City Fitness may charge my checking/credit card account for the full amount past due plus a late fee. I accept that enrollment in Tri-City programs is for the full session and that no refunds will be given for withdrawal, a credit for future services, in the amount of the payment may be issued. By signing below I agree that I will abide by all the rules and regulations which now exist or which may be hereafter adopted or amended by the management of the Club. I further acknowledge and agree that there are certain inherent dangers in playing tennis and that the club shall not be liable for any personal injuries, property damage, or other loss sustained by me in, on or about the premises of the Club, or arising out of the use or intended use of any facilities equipment or other property of the Club, whether or not said personal injuries, property damage or other loss sustained by me is the result of the negligence of owners, agents or employees of the Club or the negligence of any other persons present on the premises of the Club. These conditions apply individually and/or jointly with other players, or guest of players. If I enroll in Club programs and am asked to furnish the Club with appropriate medical exams, I agree to furnish such exams and records. In addition, in case of accident or injury to me and if an emergency contact person can not be reached, I grant the Club permission to obtain medical attention for me if necessary, for which I will be financially responsible. THE CLUB RESERVES THE RIGHT TO CLOSE COURTS FOR REPAIRS OR ALTERATIONS. The Club reserves the right to cancel the contract at any time, at its sole discretion, and management's sole liability shall be to refund any amounts previously paid on a pro-rata basis. Tri-City retains the rights to any photographs or video taken at the facility to be used for publicity and advertising. Tri-City cannot guarantee make-ups for classes missed by the student.

Clinic Options:

Wednesdays 10:00-11:00 AM  
January 8 - March 11  
Fee: \$150

Thursdays 5:30-6:30 PM  
January 9 - March 12  
Fee: \$150

**PAYMENT OPTIONS:**

**Credit Card** - I authorize Tri-City to charge the card below:

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_  
Exp. Date

**Bank Account** - I authorize Tri-City to deduct from this account:

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**Check** - Made payable to Tri-City Fitness

**PLEASE INDICATE ENROLLMENT BELOW:**

**Wednesdays 10:00 - 11:00 AM**

**Thursdays 5:30 - 6:30 PM**

**To Enroll:**

Either drop the form off at the club, or  
send it by mail to:

Tri-City Fitness  
c/o Billy Ciejka  
944 New Loudon Rd.  
Latham, NY 12110



*In Conjunction With  
Our Friends at:*



*Beginner Tennis Clinics  
for Patients with  
Multiple Sclerosis*