

APPLICATION

CHILD'S NAME:

ADDRESS:

CITY:

STATE:

ZIP:

EMAIL ADDRESS:

PHONE NUMBER:

PARENT'S NAME:

MAKE CHECKS PAYABLE TO:

NORTH RACQUET CLUB (NERC)

CREDIT CARDS ALSO ACCEPTED.

**CONTACT CLIFF RABEN FOR
ADDITIONAL INFORMATION AT
215.432.7833.**



MINOR WAIVER

CHILD'S NAME _____

The undersigned executes this Waiver in connection with its membership agreement with Posel Corporation T/A Northeast Racquet Club & Fitness Center ("Club") or its child's visits to the Club, participation in Kids Club, Junior Tennis or summer camp.

You agree that if your child enters the Club, engages in any exercise or activity on the premises, uses any Club facility or activities, you assume all risk of injury, illness, damage or loss to your child or his property. This includes, use of locker rooms, pool, whirlpool, sauna, steam room, parking lot and any equipment in the Club, and your child's participation in any activity, class program or instruction, whether on or of the premises. You agree that your child is voluntarily participating in all such activities and use of facilities. You agree on behalf of yourself and your child (or children) to waive and release the Club (and its affiliates, employees, and agents) from any and all claims or liabilities for injury to your child whether the result of any act, omission or negligence of the Club or any other person.

You hereby acknowledge that children 13-17 years old are permitted to utilize the Club and its facilities without supervision by the Club or its staff. You agree that if you leave your 13-17 year-old child at the Club or such a child enters the Club, that the Club shall have no responsibility to supervise that child, or that child's activities, or use of any facilities.

In addition, you acknowledge that novel coronavirus (Covid-19) infections have been confirmed in Pennsylvania and due to the nature of activities and programs offered at the Club social distancing is not always possible and surfaces may be contaminated and there is a risk of your child contracting Covid 19. You fully understand the dangers of using the facilities, services and programs of the Club and acknowledge that use by your children may result in exposure to Covid-19, which may result in illness, disability or death. You, on your behalf, and on behalf of your children, agree to waive and release the Club (and its affiliates, employees, and agents) from any and all claims or liability for illness or injury to your child (or children, or any person who may contract Covid-19 from you or your children) related to Covid-19 whether the result of any act or negligence of the Club.

**I ACKNOWLEDGE THAT YOU HAVE CAREFULLY READ THIS
WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A
RELEASE OF LIABILITY.**

PARENTS SIGNATURE

DATE

NORTHEAST JUNIOR TENNIS

**KID'S CLUB
MEMBERS-
1/2 OFF!**

**NO PLAY
THANKSGIVING
WEEKEND!**



**FALL 2026²
NOVEMBER TO DECEMBER**

**Director: Cliff Raben
Join anytime!
Amount will be prorated.**

Northeast Racquet Club & Fitness Center
9389 Krewstown Road • Phila, PA 19115
215.671.0220 • www.northeastracquet.com