



VILLAGE OF BRIARCLIFF MANOR RECREATION DEPARTMENT
 3 Library Road, Briarcliff Manor, NY 10510
 (914) 941-6560 ~ BMRD@briarcliffmanor.gov
Briarcliffmanor.gov



Platform Tennis 2023/24 Permit Application

Our two (2) Platform Courts located behind the Atria (1025 Pleasantville Road) will be available for play by permit holders daily. Additional information regarding our rules and reserving court time will be provided to all permit holders upon registration.

ELIGIBLE: All Village of Briarcliff Manor (VBMR) and Briarcliff Manor School District (BMSD). Non-residents (NONR) are welcome to join!

PERMIT DATES: October 16th, 2023 – September 30th, 2024

	VILLAGE RESIDENTS(VBMR)	SCHOOL DISTRICT (BMSD) & NON-RESIDENTS (NONR)
2023 PERMIT FEES:		
Family Permit	\$300.00	\$450.00
Adult Permit (21 -61 years old)	\$215.00	\$300.00
Senior Citizen (62 years and older)	\$120.00	\$145.00
Child (12 – 20 years old)	\$100.00	\$125.00

REGISTRATION: Registration begins **Wednesday, October 11th at 9am**. Registration may be done online* from any device, in person (at the Recreation Office, 3 Library Rd) or by using the drop box outside the WJV Community Center, 3 Library Road. In person and online registration will occur simultaneously. The drop box will be processed with the days' mail. *In order to register online you must have or create an account for your household through our Registration software, CivicRec.

PLATFORM TENNIS PERMIT APPLICATION 2023/24

NAME: _____ SEX: _____ DOB: _____

ADDRESS: _____ ZIP: _____

PHONE #: _____ PERMIT TYPE NAME & COST (SEE ABOVE): \$ _____

FOR FAMILY MEMBERSHIP NAMES AND BIRTHDATES: _____

The undersigned hereby recognizes that there are inherent risks involved with participation in this program and agrees to release and hold harmless the Village of Briarcliff Manor, its employees, contractors and volunteers, of any liability whatsoever in connection with any damages and/or injuries that the above-named person may sustain as a result of participation. If medical emergency arises, instructors will call 911. I give permission to be transported to hospital and necessary treatment provided by hospital medical staff. I have read and fully understand the above acknowledgement of risk, release / indemnification and covenant not to sue. I have signed this document of my own free will, and agree to the terms outlined herein.

E-Mail Address: _____

(For receipt/notification purposes only)

Signature of Participant (or Parent/Guardian)

METHOD OF PAYMENT: CASH CHECK # _____ CREDIT CARD **

*Checks payable to: Village of Briarcliff Manor (\$20 fee for returned checks). ** Credit Card usage will be a minimum of \$2 or will incur a 3% fee*

DATE: _____

AMOUNT: _____

RECEIPT#: _____