

SOUTHAMPTON TENNIS CLUB: Membership Application 2021

MEMBER INFORMATION - PLEASE PRINT CLEARLY

ADULT(S) - 19 & older			Office Use Only
(1) First Name	Last Name	Tag #	
Phone #	Email Address*		
(2) First Name	Last Name	Tag #	
Phone #	Email Address*		
Home Address # and Street: _____ City/Town _____ Prov/State: _____ Postal/Zip Code _____			
JUNIOR(S) - 18 & under			Office Use Only
<i>If older, then must be a "dependent" for income tax purposes. If more space is needed, please use the back of printed form.</i>			
First Name	Last Name	Birth Mon/Yr	Tag #
		/	Tag #
		/	Tag #
		/	Tag #
		/	Tag #

Emergency Contact for Juniors: Parent's/Guardian's Name _____ Phone # _____

MEMBERSHIP PACKAGES

Membership includes group lessons,

however, juniors must be at least 5 years old within the current calendar year to participate, and special tennis clinics are not included. A playing guest will be charged a fee of \$10/day for Juniors and \$15/day for Adults to a maximum of 3 days. After 3 days, the guest will be invited to join as a weekly member. Rates include HST.

Time	Family: Parent(s) & Juniors	Adults (Players 19 & older)	Junior(s) (Players 18 & under)	Total Fees
# of weeks: _____	<input type="checkbox"/> @ \$170/week (4070)	# of adults ___ @ \$80/week (4080)	# of juniors ___ @ \$50/week (4090)	\$
Month (or any 4 weeks) <input type="checkbox"/> July <input type="checkbox"/> Aug or start date: _____	<input type="checkbox"/> @ \$240/month (4040)	# of adults ___ @ \$120/month (4050)	# of juniors ___ @ \$80/month (4060)	\$
<input type="checkbox"/> Season	<input type="checkbox"/> @ \$400 (4010)	# of adults ___ @ \$190 (4020)	# of juniors ___ @ \$115/season (4030)	\$
I/We would like to help the STC maintain its facilities and programs by adding this amount to my/our payment: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$75 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____				\$
<i>Please make cheques payable to Southampton Tennis Club. Do not mail cash or post-dated cheques.</i>			TOTAL PAYABLE	\$
Payor Name _____ Phone # _____				
Office Use Only Payment by: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> M/C STC Staff Initials <input type="text"/>				

*By providing this information, I/we are giving the STC permission to communicate with me/us via email and understand that the STC will not share this information with anyone outside of the STC.

!! ATTENTION !!
To complete application for membership, the reverse side of this form
MUST be read, signed, and dated.

In exchange for membership, for myself and/or any junior member named above and for each of my/their heirs, executors and legal representatives (all of whom I am authorized to bind), I:

- accept that STC activities have risks and expressly assume them;
- agree that the STC, its directors, staff, and agents and their heirs, executors and legal representatives will not be liable for and are hereby released from any loss, damage, injury or costs howsoever caused or sustained by me or any junior member named above while at STC facilities or while participating in any way in any STC activity wherever located;
- acknowledge that due to the COVID-19 pandemic there are additional health risks associated with attending and participating in activities at the STC, and agree that: (i) I will familiarize myself and abide at all times with all STC rules, policies and procedures put in place in connection therewith; and (ii) my attendance at the STC is my confirmation that I have not experienced any recent (or worsened if associated with allergies, or chronic or pre-existing conditions) symptoms of COVID-19 as published by the Ontario Ministry of Health; and
- confirm that I have read, understood and agree to be bound by each and all of these statements.

Signature(s) of Adult Member(s) or Payor(s) for Junior(s):

(1) _____ Date _____

(2) _____ Date _____