

St Clair Tennis Membership Form

Part 1 Participant Information

Last Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Work Phone # _____

Alternate Phone # _____ Email _____

FIRST NAME *(indicate if last name differs from above)*

AGE

M/F

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part 2 Membership

Family \$225 Individual \$150 Junior \$75 *(student though age 21)*

Part 3 Waiver & Release of All Claims

Read carefully and be aware in registering yourself or your minor child(ren)/ward(s) for participation in any programming — you will be releasing all claims for injuries that might be sustained out of your participation in any St Clair Tennis program.

I recognize and acknowledge that there are certain risks of physical injury to participants of St Clair Tennis programs and I agree to assume the full risk of any injuries, damages, or loss regardless of severity which I or my child(ren)/ward(s) may sustain as a result of their participation in these programs. I agree to waive and relinquish all claims my child(ren)/ward(s) or I may have as a result of participating in the program against St Clair Tennis, its officers, agents, and employees.

St Clair Tennis does not carry accident or hospitalization insurance on any program participant. It is recommended that participants review their own personal insurance policy for adequate coverage during all program activities.

I further agree to indemnify and hold harmless and defend St Clair Tennis and its officers, agents, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or my minor child(ren)/ward(s) arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize St Clair Tennis officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my minor child(ren)/ward(s) immediate care and agree that I will be responsible for payment of any/all medical services rendered.

As a participant in a program or activity of St Clair Tennis (or as parent or guardian of a participant), I hereby grant permission to use my or my child(ren)'s/ward(s)'s image in photographs, videotapes, internet website, or other materials prepared or released by St Clair Tennis from time to time, for promotions, safety, or instructional purposes. By this permission and release, I release and discharge St Clair tennis from any and all claims or actions resulting from the use of such materials by St Clair Tennis.

Part 4 Signature

I have read the waiver and agree to the terms therein.

Member Signature _____ Date _____

Parent Signature (for Juniors) _____ Date _____

St Clair Tennis
733 Hartman Lane
O'Fallon IL 62269
Phone: (618) 632-1400
Email: stclairtennis@sbcglobal.net
Web: stclairtennis.com

FOR OFFICE USE ONLY:	Staff Name _____
Membership Start Date _____	Membership Expiration Date _____
<input type="checkbox"/> MDB <input type="checkbox"/> MTX	<input type="checkbox"/> Preferred Send, Email <input type="checkbox"/> MM Email