

# St Clair Tennis Membership Form

## Part 1 Member Information

Last Name \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Spouse's Phone (Family Memberships Only) \_\_\_\_\_

Emergency Name/Number \_\_\_\_\_

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

**AGE**

**M/F**

FIRST NAME <i>(indicate if last name differs from above)</i>	AGE	M/F

## Part 2 MEMBERSHIP

- FAMILY \$250     
  INDIVIDUAL \$175     
  JUNIOR \$75 *(Student thru 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/illnesses 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/illness to participants of St Clair Tennis programs and I agree to assume the full risk of any injuries, illness, 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, illness, 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 a parent/guardian of a participant), I hereby grant permission to use my or my child(ren)'s/ward(s)'s image in photographs, videos, website, or other materials prepared or released by St Clair Tennis 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 Ln  
 O'Fallon IL. 62269  
 Phone: (618) 632-1400  
 Email:  
[tennis@stclairtennis.com](mailto:tennis@stclairtennis.com)  
 Web: stclairtennis.com

**FOR OFFICE USE ONLY:** Staff Name \_\_\_\_\_

Membership Start Date \_\_\_\_\_  MDB.  MTX

Preferred Send, email   
  MM email   
  club email