

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

Part 2 MEMBERSHIP

- FAMILY \$300
 INDIVIDUAL \$200
 JUNIOR \$100 *(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
 Web: stclairtennis.com

FOR OFFICE USE ONLY: Staff Name _____

Membership Start Date _____ POS MTX

Preferred Send, email
 MM email
 club email