

2022 Membership Application

www.amberleatennis.ca

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Repeat email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# MEMBERSHIP INFORMATION: New ( ) Returning ( ) Family ( ) Adult ( ) Junior ( )

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name, First Name |  | Tues **PM**  **Adult**  **House**  **League**  **(√)** |  | Durham Region Tennis LeaguesTo be confirmed | | |
| BMon **PM**  **(√)** | CWed **PM**  **(√)** | Tues **AM**  **Ladies**  **League** (√) |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| NOTE: family membership (max 2 adults)Adult =18 years and older |  |  |  |  |  |  |

|  |  |
| --- | --- |
| JUNIOR =17 YEARS AND UNDER | |
| **Last Name, First Name** | **Date of Birth (month + year)** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

The undersigned, as primary member and any associated members as listed on the registration form, waives any and all claims against, releases from liability and agrees not to sue the Amberlea Tennis Club, its members, directors, officers, instructors, volunteers and representatives and the City of Pickering for any personal injury, illness including but not limited to Covid-19 or any other communicable disease, death or any other loss sustained by the undersigned or any associated members. I have read and understood the above release/waiver.

I and all associated members, agree to abide by all current and future Public Health and the city of Pickering guidelines and rules.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOW TO REGISTER YOUR COMPLETED APPLICATION WITH PAYMENT**

***Payment method: E-transfer, cash, or cheque***

***E-transfers to amberleamembers@gmail.com***

***Cheques payable to “Amberlea Tennis Club”***

Online electronic registration available at www.amberleatennis.ca

Drop off hard copy forms at 1831 Fairport Road, Pickering: Inquires call 905-839-1571

Once completed forms and payment are received, you will receive confirmation and court access details.

***Please note: Participation in any of the club programs or activities requires a membership fee.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **FEE STRUCTURE** | | | | |
|  | **Amount ($)** | | **Total ($)** | |
| Family membership (max 2 adults) | 55.00 | |  | |
| Adult Membership | 30.00 | |
| Junior Membership | 20.00 | |
|  | | | | |
|  | | | | |
| Tuesday PM Adult House League | | | | |
|  | | | | |
| \*Durham B Monday PM |  | \* | | To be confirmed |
| \*Durham C Wednesday PM |  | \* | | To be confirmed |
| \*Durham Tuesday AM Ladies League |  | \* | | To be confirmed |

\*League Fee payment will be collected after Team Selection is finalized.

Total Amount: \_\_\_\_\_ paid by Cash ( ) Cheque ( ) #\_\_\_\_\_\_\_\_ E- transfer ( ) ref #\_\_\_\_\_\_\_\_\_

**Payment Received By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

AMBERLEA TENNIS CLUB

IS A NON-PROFIT ORGANIZATION RUN BY VOLUNTEERS

YOUR HELP IS NEEDED