

2021 Membership Application

www.amberleatennis.ca

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

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

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

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

Optional **(**  **)** I agree to have my name/phone/email published on the ATC members contact list to facilitate communication between members.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name, First Name | Wed **AM**  **ADULT**  **Tennis**  **(√)** | Tues **PM**  **House**  **League**  **(√)** | Mon & Fri AM MixedSeniorsLeague **(√)** | Durham Region Tennis Leagues | | |
| 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***

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

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

Online forms electronic forms

***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 | |
|  | | | | |
| Wednesday AM ADULT TENNIS | | | | |
| Tuesday PM House League $10 fee collected by coordinator | | | | |
| Mon & Fri AM mixed Seniors League | | | | |
| \*Durham B Monday PM |  | \* | |  |
| \*Durham C Wednesday PM |  | \* | |  |
| \*Durham Tuesday AM Ladies League |  | \* | |  |

\*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

PLEASE VOLUNTEER