

MEMBERSHIP INFORMATION FORM



Billing Contact:

First Name _____ Last Name _____

Male / Female _____ Date of Birth _____ Level of Play _____ Playing Interclub?: Y or N

Home Phone _____ Cell Phone _____

Email _____

(Must have for bills /\$5.00 for mailed bills)

Home Address: _____

City _____ State _____ Zip _____

Spouse

First Name _____ Last Name _____

Male / Female _____ Date of Birth _____ Level of Play _____ Playing Interclub?: Y or N

Cell Phone _____

Email _____

Membership Type

Family _____ Individual _____ Jr. Membership _____

Snow Birds _____ Off-hours _____ Other _____

Children

Name (First & Last): _____ Gender: M / F DOB: _____

Name (First & Last): _____ Gender: M / F DOB: _____

Name (First & Last): _____ Gender: M / F DOB: _____

Name (First & Last): _____ Gender: M / F DOB: _____

Name (First & Last): _____ Gender: M / F DOB: _____

MUST SIGN RELEASE ON THE BACK OF THIS FORM.

Signature

Name

Date

Release of Liability; Authorization: I acknowledge that use of the services, activities and facilities of Eastern Hills Indoor Tennis Club carries a risk of serious personal injury or death and that I am voluntarily participating in said services, activities and facilities. As consideration for my being permitted to use the facilities and services and to participate in the activities of the Club, I EXPRESSLY AGREE TO ASSUME ALL RISK OF SERIOUS INJURY OR DEATH and HEREBY RELEASE EASTERN HILLS INDOOR TENNIS CLUB, ITS OWNER and its employees, (collectively, the "Released Parties") from any and all liability for any injuries, property damage, theft or other loss of whatever nature relating to or in any manner arising out of the use by the undersigned of the Club, its facilities or any part thereof, including, without limitation, such injury, damage, theft or loss resulting from the actions or negligence of any of the Released Parties. Furthermore, I agree to indemnify and hold harmless the Released Parties from any suit or other legal proceeding with respect to the use of the facilities by the undersigned or from any claims resulting from negligence on the part of the Released Parties. I also agree that this Release applies to me and to any family member or guest of mine ("We") and to each and every use We make of the Club. I hereby authorize the Club to contact me by telephone regarding the Club.



MEMBERSHIP FORM

Must be completely filled out
and signed before play.

Thank you,
EHI Management