



City of Parkland Tennis Membership Application

Head of Household : Last Name		First Name		Date of Birth	Age	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		Apt #	City, State		Zip	
Home Phone	Cell Phone		Work Phone	Email Address		

Annual Membership Rates and Categories

Proof of residency is required for resident rates. Adult memberships are 18 and older; Junior memberships are 18 and under.

<p>Family Membership</p> <p><input type="checkbox"/> Resident \$600</p> <p><input type="checkbox"/> Non-Resident \$720</p> <p>Founder Family Membership</p> <p><input type="checkbox"/> Resident \$510</p> <p><input type="checkbox"/> Non-Resident \$612</p>	<p>Adult Membership</p> <p><input type="checkbox"/> Resident \$400</p> <p><input type="checkbox"/> Non-Resident \$480</p> <p>Founder Adult Membership</p> <p><input type="checkbox"/> Resident \$340</p> <p><input type="checkbox"/> Non-Resident \$408</p> <p>Junior Membership</p> <p><input type="checkbox"/> Resident \$150</p> <p><input type="checkbox"/> Non-Resident \$180</p>	<p>Punch Pass</p> <p><input type="checkbox"/> Resident \$200</p> <p><input type="checkbox"/> Non-Resident \$240</p>
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Member Information

Family memberships are valid for up to 4 members.

Member Name	Date of Birth	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female
Member Name	Date of Birth	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female
Member Name	Date of Birth	Relationship	<input type="checkbox"/> Male <input type="checkbox"/> Female

Emergency Contact Information

Please list an emergency contact not living in the household.

Emergency Contact: Last Name	First Name	Contact Number	Relationship
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Please be aware that in signing up for programs/activities offered by the City of Parkland, you will be expressly assuming the risk and liability and waiving and releasing all claims and injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any activities connected with and associated with said programs' activities. I understand that I should have my child examined to assure that he/she is physically capable of participation.

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs' activities and I voluntarily agree to assume the full risk or any and all injuries, damages or loss, regardless or severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward as a result of participating in these programs/activities against the City of Parkland, including their respected officials, officers, employees and volunteers).

I do hereby fully release and forever discharge the City of Parkland from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my child/ward and arising out of, commented with, or in any associated with these programs/activities.

READ, UNDERSTOOD, and AGREED TO this _____ Day of _____, 20_____

Signature: _____