

SALEM TENNIS & SWIM CLUB
PICKLEBALL-ONLY MEMBERSHIP APPLICATION

APPLICANT INFORMATION (RESPONSIBLE PARTY)

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB:		Cell Phone:
Current address:		
City:	State:	ZIP Code:
E-mail:		Home Phone:
Current Employer:		Work Phone:

JOINT APPLICANT OR PARENT INFO IF APPLICANT 18 YEARS OR YOUNGER

Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB:		Cell Phone:
E-mail:		
Current Employer:		Work Phone:

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

NAME:	DOB:	NAME:	DOB:
NAME:	DOB:	NAME:	DOB:

MEMBERSHIP INFO

Returning Member – Account # _____ New Member – How did you hear about us? _____

MEMBERSHIP CATEGORY & COST

<input type="checkbox"/> Single Membership monthly dues	\$40	
<input type="checkbox"/> Couple Membership monthly dues	\$66	
<input type="checkbox"/> Family Membership monthly dues	\$88	
<input type="checkbox"/> Active-Duty Military Membership	%10 Discount	

SIGNATURES: I have read and agree with this application in its entirety, including conditions of membership on back.

Signature of applicant:	Date:
Signature of parent: <i>(if applicant under 18):</i>	Date:

For Office Use Only:	<u>Office Staff Member</u>	<u>Administration</u>
	<input type="checkbox"/> Quick Add Primary User Only (If Not Already in System)	<input type="checkbox"/> Tennis Portal Information Correct
		<input type="checkbox"/> Email Address Added to Mad Mimi
		<input type="checkbox"/> Payment Confirmation

See Back Side of Form

CONDITIONS OF MEMBERSHIP

1. I understand that my membership at Salem Tennis & Swim Club becomes active upon payment of an initiation fee (if applicable) and payment of monthly dues or prorated dues (if membership start date is not the 1st of any given month).
2. I promise to pay dues prorated for the month of acceptance of this application and to continue monthly for the period selected on application, and thereafter. I understand that if I decide to resign from STSC during this period I am responsible for the remainder of the monthly dues for the remainder of the selected time commitment.
3. I understand that my STSC statement is payable in full on the 10th of each month and that I am responsible for all charges billed to my account by any member on my application. I understand that if my bill is not paid in full by the 15th of each month, a \$10 late fee will be charged to my account. I also understand that membership dues set by Salem Tennis & Swim Club are subject to change.
4. I understand that if my membership billing account is referred to a collection agency that I am responsible for any recovery fees charged by the collection agency.
5. I understand that no part of my membership payment will be refunded for any reason.
6. I understand and promise to abide by the rules and regulations as developed by the Salem Tennis and Swim Club.
7. I understand that I am responsible for all guests (including guest fees) that I bring to Salem Tennis & Swim Club.
8. I understand that at any time I wish to terminate my membership, I must do so in writing giving 30 days' notice and that I must continue paying monthly dues until I have notified STSC in writing of my intentions to terminate.
9. **I understand that I must supply an ACH Authorization form with my banking/credit card information or credit card information for automatic billing.**

WAIVER AND RELEASE OF LIABILITY FOR USE OF SALEM TENNIS & SWIM CLUB

DISCLAIMER: SALEM TENNIS & SWIM CLUB ("CLUB") IS NOT RESPONSIBLE FOR ANY INJURY OR LOSS OF PROPERTY TO ANY PERSON SUFFERED WHILE BEING ON THE PREMISES OR USING THE FACILITIES, SERVICES, AND/OR EQUIPMENT IN ANY WAY AND FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE CLUB, ITS AGENTS OR EMPLOYEES.

In consideration of the opportunity to participate and/or my participation, I hereby release and covenant not-to-sue the Club, its owners and/or affiliated companies, its employees, instructors, agents, and all others who are involved with the Club, from any and all present and future claims resulting from ordinary negligence on the part of the Club or others listed for property damage, personal injury, or wrongful death, resulting from or arising out of my use or intended use of the facilities, services, and/or equipment of the Club, or my engaging in any sport or non-sport activity incidental thereto, wherever, whenever, or however, the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, and whether known, anticipated or unanticipated, that may be made by me, my family, estate, executors, administrators, heirs, or assigns.

I am aware that using the facilities, services, and/or equipment of the Club involves the risk that accidents, minor or severe, may occur. I understand that certain dangers may arise resulting from or arising out of my use or intended use of the Club's facilities, services, and/or equipment, including but not limited to death, heart attacks, serious neck and spinal injuries resulting in paralysis, and injury to virtually all bones, joints, muscles, and internal organs and that participation in the Club involves activities incidental thereto, including, but not limited to, travel to and from the site of the activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants. I am voluntarily participating in the activities with knowledge of the potential dangers and hereby agree to accept and assume any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless the Club and others listed for any and all claims arising as a result of my engaging in or receiving instruction in any of the Club's activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I represent that I am in good physical condition and that I will only engage in activities in which I am physically fit to participate.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Oregon and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Marion County, Oregon.

I affirm that I am of legal age and am freely signing this Agreement. **I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of the Club or any of the parties listed above.**

Primary Member's Printed Name

Primary Member's Signature

Date

Secondary Member's Printed Name

Secondary Member's Signature

Date

Signature of Parent/Guardian (if Member is under age 18)

Date