

SALEM TENNIS & SWIM CLUB

2025 SUMMER MEMBERSHIP APPLICATION

APPLICANT INFORMATION (RESPONSIBLE PARTY)

Name:		<input type="checkbox"/> Male	<input type="checkbox"/> Female
DOB:		Home Phone:	
Current Address:			
City:	State:	ZIP Code:	
E-mail:		Cell 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 (someone not residing with you):		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

CHILDREN IF MEMBERSHIP PRIVILEGES DESIRED

Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:
Name:	DOB:	Name:	DOB:

MEMBERSHIP INFO

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

MEMBERSHIP CATEGORY & COST (POOL OPEN MEMORIAL WEEKEND)

<input type="checkbox"/> Paid in full on or before September 4, 2024	\$700	Family memberships include two parents and all non-married children 23 years or younger living at the same address. Grandparents, nannies, or caretakers can accompany children under 14 but will not have access to any of the amenities offered by STSC.
<input type="checkbox"/> Paid in full Friday, November 29 - December 30, 2024	\$750	
<input type="checkbox"/> Paid in Full on or after January 1, 2025	\$830	
<input type="checkbox"/> ACTIVE duty military	10% off	
<input type="checkbox"/> Fee per child above 4 children	\$25/child	
<input type="checkbox"/> Single Adult Lap Swim	\$225	
<input type="checkbox"/> Couple Adult Lap Swim	\$350	Lap swim only. No other facility use

Pool open MEMORIAL DAY – LABOR DAY

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

Signature of applicant:	Date:
Signature of parent (if applicant under 18):	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"/> Check that birthdates are shown for ALL applicants	<input type="checkbox"/> Email Address Added to Mad Mimi
	<input type="checkbox"/> Check Number of Children; Charge for # above 4	<input type="checkbox"/> Payment Confirmation

SEE BACK SIDE

CONDITIONS OF MEMBERSHIP

1. I understand that my summer membership at Salem Tennis & Swim Club must be paid in full before my membership will become active on May 25, 2024 or after.
2. I understand that no part of my membership payment will be refunded for any reason.
3. I understand and promise to abide by the rules and regulations as developed by the Salem Tennis and Swim Club.
4. I understand that I am responsible for all guests (including guest fees) that I bring to Salem Tennis & Swim Club.

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