



## ROSETHORN TENNIS CLUB JUNIOR MEMBERSHIP APPLICATION

Junior's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Parent Cell #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Junior Membership Fee: **\$25.00**      Paid by: CASH \_\_\_\_\_      CHEQUE # \_\_\_\_\_  
**Cheque made payable to ROSETHORN TENNIS CLUB**

### **WAIVER & RELEASE OF LIABILITY**

I, the undersigned **PARENT/GUARDIAN** and **JUNIOR PLAYER** hereby waive all rights against **ROSETHORN TENNIS CLUB**, its staff, contractors, instructors, and representatives from any and all claims, demands, costs, expenses or damages of any kind whatsoever resulting from any loss or injury of any kind which may occur while the member is participating in any activity either on or off the grounds of **ROSETHORN TENNIS CLUB**.

Parent Name (please print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_