



MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Child Name:

Parent (or Guardian) Name:

Date of birth:

Age:

Gender:

Home Phone:

Cell Phone:

Email:

Current address:

City:

State:

ZIP Code:

EMERGENCY CONTACT

Name:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

MEMBERSHIP TYPE

Junior:

Shirt Size:

Adult:

Shirt Size:

MEMBERSHIP FEES: Juniors - \$10 Adults - \$25

Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully. By registering for and participating in Metro Richmond Tennis Club events, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor/child might sustain as a result of participating in any and all activities connected with and associated with Metro Richmond Tennis Club and its affiliates.

I recognize and acknowledge that there are certain risks of physical injury to tennis participants and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor /child or I may incur as a result of participating in Metro Richmond Tennis Club events.

I further agree to waive and relinquish all claims I or my minor/child may have (or accrue to me or my child/minor) as a result of participating in Metro Richmond Tennis Club events against Metro Richmond Tennis Club officials, agents, venue partners, volunteers and employees.

I do hereby fully release and forever discharge Metro Richmond Tennis Club from any and all claims for injuries, damages or loss that my minor /child or I may have or which may accrue to me or my minor/child arising out of , connected with or in any way associated with Metro Richmond Tennis Club events.

I have read and fully understand the above information, warning of risk, assumption of risk and waiver and release of all claims.

PRINTED NAME OF PARTICIPANT (18 Years or Older) OR PARENT /GUARDIAN, IF APPLICABLE

SIGNATURE OF PARTICIPANT (18 Years or Older) OR PARENT /GUARDIAN, IF APPLICABLE

Metro Richmond Tennis Club
1202 Lorievill Lane
Richmond, VA 23225 501 c3 not for profit organization
metrorichtenniscub@gmail.com

Administrative Purposes:

Date: _____
Application # _____
Amount: _____