

WATERTOWN TENNIS CLUB, INC.

POST OFFICE BOX 213 WATERTOWN, CONNECTICUT 06795

www.watertowntennisclub.com (203) 759-8249

To the Board of Directors:

I/We, _____, request for the following membership in the Watertown Tennis Club, Inc.:

_____ Family \$580.00 membership fee _____ Couple \$440.00 membership fee

_____ Individual \$230.00 membership fee _____ Junior \$110.00 membership fee

A junior membership applicant must be at least 8 years old and not older than 18 as of January 1 of the current year. There is a one time initiation fee of \$100.00 which may be waived during special promotions.

If elected to membership I/We agree to abide by the By-Laws and Rules of the Association. I/We are aware that there are risks involved and assume responsibility. I/We affirm that our health is adequate to participate in activities at the Club. I/We assume all risks associated with the utilization of, and participation in, the activities at the Club and agree not to sue and hereby release the Watertown Tennis Club, Inc, its agents, servants, employees, officers and volunteers from all liability should an injury occur at the Watertown Tennis Club, Inc. I/We agree to defend, indemnify and hold harmless the Watertown Tennis Club, Inc. from any and all claims, suits, or demands by anyone arising from my use of or participation at the Club. If I am a parent or guardian signing on behalf of a child or ward, I make these representations and agreements on behalf of the child or ward. I/We have read and understand and agree to abide:

Signature: _____ Signature: _____

Date: _____

Name{s}: _____

Address : _____

City: _____ State : _____ Zip : _____

Email _____

Address: _____ Telephone: _____

Home _____ Cell _____ Work _____

Please return the completed application to the address listed above. If you have any questions contact President Dan Stager at (860) 378-4919 or Vice President Pauline Hudson at (860)945-3600.

Proposed by: _____ Seconded by: _____

Approved / Denied _____