

LAMONT CREEK TENNIS CLUB

MEMBERSHIP APPLICATION FORM

DATE:			
NAME:			
ADDRESS:			
CITY:	POSTAL CODE:		
PHONE:	DATE OF BIRTH:	·	
E-MAIL ADDRESS:		_	
EMERGENCY CONTACT INFORMATIO	NC		
NAME	RELATIONSHIP	PHONE #	
1			
2			
of actions, damages and demands fo	MONT CREEK TENNIS CLUB, its directors and me or loss or injury resulting directly from particip urred in defending any such claims or actions.		
The Executive has the authority to d	leny or suspend membership if it is in the best i	interest of the club.	
	SIGNATURE:		
MEMBERSHIP PAYMENT AND RENE	<u>:WAL</u>		

Date/Season Payment Date/Season Payment Date/Season Payment



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The Lamont Creek Tennis Club agrees not to distribute personal information collected through our registration process. The Lamont Creek Tennis Club is a member of the Ontario Tennis Association (OTA) and such the name and address of each member is registered to them.

We share club member information with other members and post limited information on our Website. Please indicate by circling if you accept or decline to have information shared in this manner. If you do not circle your choices, it is assumed that you ACCEPT.

NAME, PHONE NUMBER, E-MAIL – this is included in our Membership Directory that is distributed to club members.

ACCEPT / DECLINE

NAME, PHONE NUMBER, E-MAIL – will be shared with other club members to coordinate play for men's league, ladies' league or social round robin if you wish to be included in these functions. Our coordinators agree to use this information for organizing tennis play only:

ACCEPT / DECLINE

FIRST NAME & LAST NAME INITIAL – posted on our website with ladder and league standings and schedule

ACCEPT / DECLINE

PICTURES – taken on the courts and at social events may be posted on our Website

ACCEPT / DECLINE

DATE:		
	(please print)	
NAME:		
ADDRESS:		