



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: **\$40.00** 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: _____